

Case Number:	CM13-0011843		
Date Assigned:	12/13/2013	Date of Injury:	07/02/2008
Decision Date:	03/04/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old injured worker with date of injury 7/2/08. Per 9/11/13 note "His greatest pain is noted to be circumferentially in the neck and extending paravertebrally. In addition, there is diffuse cranial pain, with pain in the upper trunk and shoulders, and pain radiating into the left lower extremity posterolaterally, to the ankle. As well there is right ankle pain. Additionally, numbness is present about the elbows and wrists bilaterally, in the right anterior thigh and in the feet. Weakness is noted in both upper extremities diffusely" Lumbar MRI 3/22/12 demonstrated lumbar facet disease. 10/24/13 cervical x-ray revealed mild degenerative disc disease and ventral endplate spurring at C6-7 and C4. Per 9/11/13 note, "In 3/2012 he had bilateral L5 root blocks, which were beneficial for about a day with partial pain relief on the left only." He has had lumbar fusion and facet rhizotomy with ongoing symptoms. He has had physical therapy. Per 9/11/13 note: "In 9/12 he had bilateral sacroiliac joint (SIJ) injections, which provided significant pain relief. However this relief was nonetheless partial. The relief wore off within approximately 12 months." The same note indicates severe hypesthesia in the neck, arms, hips, legs and feet, when attempting to arise after resting or sitting when maintaining a standing position. It is constant. He also reports weakness in "all muscles" of the arms and legs. He has dropped objects as a result of such weakness, tripped, bumped into objects and misjudged his loss of grip strength. Dysesthesia is also noted. The date of UR decision was 8/8/13. The latest available medical document for this review was dated 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral sacroiliac joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Joint Blocks Section

Decision rationale: The Physician Reviewer's decision rationale: The ODG Hip & Pelvis Chapter, Sacroiliac Joint Block, recommends SI Joint Blocks as an option if 4-6 weeks of aggressive conservative therapy has failed. The criteria for the use of sacroiliac blocks includes the documentation of at least 3 positive exam findings as listed: Per ODG, "Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." The submitted and reviewed records do not document the failure of conservative therapy or provide evidence of positive pelvic tests. The request for bilateral sacroiliac joint injections is not medically necessary or appropriate.