

Case Number:	CM13-0013477		
Date Assigned:	02/07/2014	Date of Injury:	08/17/2011
Decision Date:	04/22/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 expert 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 has chronic low back pain following an injury on 8/17/2011. The low back pain is radicular in character. An MRI in 2008 showed disc bulges with left S1 nerve root contact. A 7/26/2013 L5-S1 fusion and epidural steroid injections provided only transient pain relief. There is documented positive provocative tests and tenderness over the left sacroiliac joint. The patient completed 8 physical therapy sessions. The medications listed are Flexeril and Zanaflex for muscle spasm, Norco for pain relief and Lidoderm for topical pain relief. The patient is also on Zofran and Colace for the prevention and treatment of nausea and constipation respectively associated with chronic opioid use. The duration of use for these medications are not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC JOINT BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Sacroiliac Joints Blocks.

Decision rationale: The California MTUS Guidelines did not fully address sacroiliac joint injections. The indications for sacroiliac joints is addressed in the Official Disability Guidelines. The criteria includes failed conservative management after 4-6 weeks of physical therapy, medications management and home exercise, at least three positive provocative tests and exclusion of other pain generators as the source of low back pain. The records indicated that the patient completed only 8 physical therapy sessions, significantly less than the 4-6 weeks recommended. The examination that documented the positive provocative tests and failed conservative management was done in the post operative period following the 2013 L5-S1 fusion surgery. Other causes of low back pain in the sacroiliac region cannot be excluded. In this case, there is insufficient evidence of left sacroiliac joint inflammation that could be resolved by steroid injection into the joint. Therefore, the requested sacroiliac joint block is not medically necessary or appropriate at this time.