

Case Number:	CM13-0024801		
Date Assigned:	11/20/2013	Date of Injury:	10/05/2006
Decision Date:	03/11/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation 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:

This is a 47-year old gentleman with a date of injury of October 05, 2005 when the patient fell, stepping off of a curb, causing a fracture to the right lower extremity. He underwent an open reduction and internal fixation (ORIF) of the right tibia on October 05, 2005 with subsequent hardware removal in 2008. As a result of this injury, multiple other issues developed, including low back symptoms, GI issues, sleep issues, sexual issues and psychiatric issues. The patient has had extensive evaluation and treatment of these issues. With regards to orthopedic complaints, the patient has had physical therapy, chiropractic care, acupuncture, medications, bracing, psychotherapy, and activity modification. With regards to the low back, the patient has been documented to have both radiculopathy and sacroiliac (SI) mediated pain. The patient has had a prior epidural steroid injection (ESI), and it appears that on September 26, 2013 a second ESI was denied in Utilization Review. With regards to the SI mediated pain, requests were initially made in 2012 for a right SI joint injection. Certification for one right SI joint injection under fluoroscopy was granted by [REDACTED] on January 15, 2013. This injection was done by a pain specialist on March 12, 2013. Following this injection, subsequent reports from various providers have documented a positive response. Some of the reports document a 60-70% response, others as much as an 80% response that lasted for up to 5 months. Other than subjective relief, reports following the March 12, 2013 injection do not reflect any functional changes, or reductions in healthcare utilization, such as reduced medication usage. Submitted reports do reflect at least 4 positive findings that suggest SI mediated pain. This patient is noted to be Permanent and Stationary. ∂∂

IMR ISSUES, DECISIONS AND RATIONALES

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

right sacroiliac (SI) joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Sacroiliac joint blocks.

Decision rationale: Guidelines support SI blocks in patients with at least 3 positive findings suggestive of SI mediated pain, only after first addressing other possible pain generators, and failure of at least 4-6 weeks of aggressive conservative therapy. A positive diagnostic response is considered if there is an 80% reduction in symptoms for the duration of the local anesthetic, or if steroids are also injected, at least 6 weeks of greater than 70% pain relief. If there is a positive response, a second diagnostic block may be done. In this case, the patient has 4 positive findings, other pain generators have been treated, and the patient has an extensive history of prior conservative care. Following an authorized SI joint block done on March 12, 2013, there was an 80% response that lasted for 5 months. A second block is appropriate and medical necessity has been established.