

Case Number:	CM13-0025773		
Date Assigned:	11/20/2013	Date of Injury:	05/29/2007
Decision Date:	01/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/18/2013

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, has a subspecialty in Interventional Spine 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 46 year old with injury from 5/29/07. Current diagnoses are per 8/8/13 are left SI joint arthropathy; lumbar spine sprain/strain; MRI showed annular tears at multiple levels, disc protrusions at L2-S1 with foraminal narrowing. Presenting symptoms re low back pain more on left side. Patient is working full time, medications help, lumbar ESI from April 2013, helped her significantly with right sided lower back pain and leg pain. Pain is still present on the left side now, in the buttock area with radiation into groin and leg. Exam showed tenderness over the left PSIS, patrick's, Gaenslen's, Pelvic compression are positive on left side. Discussion states that the patient had SI joint injections in the past which gave her excellent relief over time. Request was for another SI joint injection and also left trochanteric block. This request was denied by UR letter dated 8/30/13 stating that trochanteric injection was authorized but not SI joint as multiple injections should not be provided as it may confuse assessment of pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided SI Joint Block under Fluroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis(updated 6/12/2013)

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

Decision rationale: This patient presents with chronic low back pain with radiation into both lower extremities. The patient is functional and working. The patient is also taking some opiates for pain. The treater has asked for additional injection this time involving the left SI joint and trochanteric bursa. Operative reports show that the patient underwent LEFT L4 and L5 transforaminal injection on 10/1/12, 11/12/12, and RIGHT L4 and L5 transforaminal ESI on 4/22/13. 3/20/13 report indicates that the patient did "extremely well" with the pin in the left side for 2-3 months, but now pain in the back has recurred, with most of the pain in the right thigh and right leg rather than left. Norco was continued at 3/day, Soma twice daily. Following RIGHT sided injection on 4/22/13, the patient reported on 5/30/13 that "she does not have any pain in her lower extremity anymore." Norco was at 2-3/day as needed and Soma was twice per day. By 8/8/13, the patient was again experiencing quite a bit of pain down the left lower extremity with right leg still doing pretty good. The treater then asks for SI joint and trochanteric injection. MRI report from 2/23/13 showed multi-level annular tears with disc protrusions. What is difficult to understand is why the treater is requesting SI joint injection when the patient apparently has done so well with ESI's in the past. The patient has not had a new injury and the symptom presentation has not changed. The left sided ESI's from end of 2012 resulted in good relief. There may even be some evidence that the patient was taking less medication following the ESI injections. While the treater documents SI joint maneuvers, anyone with dicogenic pain and radiculopathy can present with positive SI joint maneuvers. MTUS and ACOEM do not address SI joint injections. However, ODG guidelines have a comprehensive discussion. Under criteria #2, it states that diagnostic evaluation must first address any other possible pain generators. In this situation, the treater appears to have identified the patient's pain generator, namely stenosis and disc protrusions causing radicular symptoms. In this situation, SI joint injections are not medically necessary.