

Case Number:	CM13-0026500		
Date Assigned:	11/22/2013	Date of Injury:	06/30/2008
Decision Date:	01/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/19/2013

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.

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 54-year-old female who reported an injury on 06/30/2008. The mechanism of injury was not stated in the medical records. Her symptoms were noted as ongoing pain centrally in her low back, worse on the right than the left. Physical exam findings included tenderness to palpation centrally in the lumbar spine and over the sacroiliac joint, decreased sensation over the right lower extremity, decreased range of motion of the lumbar spine, and absent reflexes of the right lower extremity as well as decreased strength of ankle dorsiflexion, noted as 4/5. Her diagnoses were listed as L4-5 spondylolisthesis, bilateral lumbar radiculopathy, multilevel degenerative disc disease at L3-4 and L4-5, L4-5 disc herniation, lateral recess stenosis at L3-5 bilaterally, and L3-4 and L4-5 bilateral laminotomies as well as TLIF and PSIF on 08/01/2012. A plan was noted for a right-sided sacroiliac joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Hip and Pelvis Chapter Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Hip and Pelvis Chapter Procedure Summary.

Decision rationale: The Official Disability Guidelines state that sacroiliac joint blocks are recommended as an option after the failure of at least 4 to 6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include that the History and Physical should suggest the diagnosis and have documentation of at least 3 positive sacroiliac joint dysfunction exam findings; the diagnostic evaluation must first address any other possible pain generators, and the patient needs to have had and failed at least 4 to 6 weeks of aggressive physical therapy, including physical therapy, home exercise, and medication management. The physical exam findings noted tenderness over the right SI joint; however, there were no specific tests for the SI joint dysfunction as listed by guidelines, such as Patrick's test, Gaenslen's test, or pelvic rock test. Additionally, there was no documentation of aggressive conservative therapy, including physical therapy, home exercise, and medication management, specifically addressing SI joint pain and function. With the absence of this documentation, the criteria for SI blocks are not met. Therefore, the request is non-certified