

Case Number:	CM13-0030311		
Date Assigned:	11/27/2013	Date of Injury:	02/11/2012
Decision Date:	05/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 46-year-old female who reported an injury on 02/11/2012. The mechanism of injury reported was a fall. The injured worker's surgical history includes cesarean sections in 1990, 1993, and 2003, hysterectomy in 2003, right ear surgery in approximately 2006, throat surgery in approximately 2007, left ear surgery in approximately 2008, and lumbar spine surgery in 10/2012. The injured worker reported pain in her neck, right shoulder, bilateral hands/wrists, and low back radiating down the bilateral legs on the clinical note dated 04/04/2013. The injured worker indicated in the lower extremities the left lower extremity has greater pain than the right. The lumbar spine examination noted there were muscle spasms noted, but no specific area. There were complaints of more pain on the right than the left at the lumbar spine. Right lateral bending was 10 degrees, left lateral bending 20 degrees, and right lateral rotation 35 degrees with pain greater on the left than the right. Left lateral rotation was 35 degrees without complaints of pain. Forward flexion was 30 degrees with left lumbar spine pain that radiated to the knees. Extension was 10 degrees. Straight leg raise supine was 60/60 with complaints in the left lumbar spine right side greater than the left. Flick test was positive on the left. X-rays were taken 04/04/2013 on the office visit. Impression was noted the view of the lumbar spine revealed pedicle screw fixation at L4, L5, and S1. There was an outrigger posteriorly with evidence of a laminectomy at L4-S1. The outrigger attached to the right side of the left pedicle screw at the L5-S1 interval. Diagnoses for the injured worker was cervical spine sprain/strain, bilateral upper extremities overuse syndrome, rule out carpal tunnel syndrome, ulnar neuropathy, right shoulder sprain/strain, rule out rotator cuff tear, lumbar sprain/strain, rule out stress unspecified, rule out anxiety disorder unspecified, and rule out insomnia unspecified. The documentation provided for review did not include the request form for the second right sacroiliac joint injection or the rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

2ND RIGHT SACROILIAC JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Hip & Pelvis, Criteria for the use of Sacroiliac Blocks.

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 (ACUTE & CHRONIC), SACROILIAC JOINT BLOCKS

Decision rationale: The request for the right sacroiliac joint injection is non-certified. Official Disability Guidelines state sacroiliac joint injections may be recommended as an option if there is documented proof of 4 to 6 weeks of aggressive conservative therapy that has failed. If it is a second injection, a positive diagnosis response is recorded as 80% for the duration of the local anesthesia. If the first block is not positive, a second diagnostic block is not performed. If steroids are injected during the initial injection, the duration of the pain relief should last at least 6 weeks with greater than 70% of pain relieved in this time period. The criteria states that the frequency of the repeat block is 2 months or longer between each injection provided there is documentation greater than 70% pain relief is obtained for 6 weeks. The documentation provided for review noted that on 07/18/2012, the injured worker had a right sacroiliac joint injection; however, she reported that she had not shown any significant improvement with the injection. The documentation did note there was tenderness over the lumbosacral spine and paraspinal lumbar muscle areas and there was tenderness over the bilateral sciatic notch. There was no documentation provided for review of 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management that failed. Therefore, the request for the second right sacroiliac joint injection is not medically necessary.