

Case Number:	CM13-0032169		
Date Assigned:	12/04/2013	Date of Injury:	10/30/2000
Decision Date:	08/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/07/2013

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 Emergency Medicine and is licensed to practice in New York. 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 is a 66 year old male who was injured on October 30, 2000. The patient continued to experience pain in his lower back and buttock. Physical examination was notable for tenderness in mid-lumbar and lower lumbar/sacral spine, positive Patirck test, positive axial loading test, normal motor strength and negative straight leg raise test. Diagnoses included mechanical back pain, lumbar/sacral facet syndrome and chronic pain syndrome. Treatment included medications, surgery, and lumbar facet injections. Request for authorization for Sacroiliac (SI) joint injection was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac (SI) Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines, Low Back, Sacroiliac joint 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, sacroiliac joint blocks.

Decision rationale: According to the ODG, there is limited research suggesting therapeutic blocks offer long-term effects. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). In this case the patient did have at least 3 positive test findings necessary for the diagnosis of sacroiliac joint disease. Criteria for sacroiliac joint injections have not been met. As such, the request is not medically necessary and appropriate.