

Case Number:	CM13-0035838		
Date Assigned:	12/13/2013	Date of Injury:	05/20/2009
Decision Date:	04/21/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 43-year-old female who was injured at work on 5-20-09. A progress report associated with the request for services, dated 08/26/13, identified subjective complaints of neck pain with tingling and numbness radiating into both upper extremities. Objective findings included cervical tenderness with decreased range-of-motion, no mention of motor or sensory function of the upper extremities. Also noted was tenderness to palpation of the lumbar spine as well as left sacroiliac joint. Diagnoses included cervical disc disease with radiculopathy and lumbar disc disease with radiculopathy; and left sacroiliitis. Treatment has included bilateral occipital blocks on 06/05/13 with 50% improvement over 12 weeks as well as a sacroiliac block on 07/24/13 with 75% improvement sustained over 6 weeks. Other treatment has included oral analgesics, cryotherapy and TENs. A Utilization Review determination was rendered on 09/30/13 recommending non-certification of "3rd Left Sacroiliac joint injection under Fluoroscopy/ 2ND bilateral occipital nerve block".

IMR ISSUES, DECISIONS AND RATIONALES

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

3rd Left Sacroiliac Joint Injection under Fluoroscopy/ 2nd Bilateral Occipital Nerve Block.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines: Low Back - Treatments,

Injection Therapies, and Sacroiliac Joint Injections: Neck and Upper Back (Acute & Chronic); Official Disability Guidelines (ODG): Greater Occipital Nerve Block, Therapeutic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Section on Injection with Anesthetics and/or Steroids Page(s): 54. Decision based on Non-MTUS Citation Hip & Pelvis, Sacroiliac Joint Blocks.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that injections of corticosteroids or local anesthetics should be reserved for patients who do not improve with more conservative therapies. They do not specifically address sacroiliac joint injections. The Official Disability Guidelines (ODG) states that sacroiliac joint blocks are recommended as an option if a patient has failed at least 4-6 weeks of aggressive therapy (comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories). The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings (positive tests for motion palpation and pain provocation). Diagnostic evaluation must first address any other pain generators. Criteria for sacroiliac blocks are listed as: - The patient has failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercises and medication management. - Blocks are performed under fluoroscopy. - A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. - If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for that period. - For therapeutic injections, the suggested frequency for repeat blocks is 2 months or longer between each injection. - The block is not to be performed on the same day as an ESI, transforaminal ESI, facet joint injection, or medial branch block. - Injections should be limited to a maximum of 4 times over a period of 1 year. In this case, the record does document the above criteria. The diagnosis was made related to multiple signs and symptoms. The claimant has been treated with multiple other modalities without success. The original denial of services was related to lack of documentation of a response to previous injection beyond one month. However the record documents a response beyond 6 weeks. Therefore, the record documents the medical necessity for a sacroiliac injection.