

Case Number:	CM13-0036050		
Date Assigned:	12/13/2013	Date of Injury:	05/29/2009
Decision Date:	04/11/2014	UR Denial Date:	10/14/2013
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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 33-year-old female with a history of a significant lumbar injury on May 29, 2009 requiring reconstructive surgery of L5-S1. The patient's physician reports dated 9/5/13, 2/6/13, 1/8/13, 12/11/12 and 10/4/12 all document that her right foot drags a lot and that she frequently has falls (once a week) or feels like she will fall. Additionally, she is thermally sensitive, has allodynia, hyperalgesia, thermal sensitivity, swelling and sweating of the right foot and leg. A lumbar CT scan dated 2/25/13 indicates that disc expander L5-S1, spondylolisthesis L5-S1 has not changed. On physical examination, she had positive bilateral straight leg raise and 4/5 quadracept strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INJECTION BLOCK: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Sacroiliac Joint Blocks

Decision rationale: Sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Criteria for the use of sacroiliac blocks include a history and physical with documentation of at least three positive exam findings. Nowhere within any of the provided medical records is there documentation of the pre-requisite physical examination findings. Therefore, the requested medical procedure is not medically necessary.