

Case Number:	CM13-0040581		
Date Assigned:	12/20/2013	Date of Injury:	11/19/1993
Decision Date:	02/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 has a subspecialty in Interventional spine 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. 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 58 year old female with a date of injury of 11/19/1993. The listed diagnoses per [REDACTED] dated 08/15/2013 are: 1. Low back pain 2. Lumbar and sacral spondyloarthritis 3. Spinal stenosis, lumbar 4. Muscle spasm According to a report dated 08/15/2013, patient presents with complaints of low back pain, headaches, groin and mid-back pain. Pain is described as hot, penetrating, pins and needles, stabbing and severe. Examination of the lumbar spine showed facet joint tenderness bilateral from L3-S1 area along with muscle spasm and buttock pain bilaterally. Straight leg raise was negative bilaterally. Medical records show patient had a bilateral Sacroiliac injection on 07/16/2013 with 95% improvement; duration of said improvement was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sacroiliac joint injections. Pelvic/Hip chapter

Decision rationale: This patient presents with complaints of headaches, low back, groin and mid-back pain. Utilization review dated 10/16/2013 recommends denial of Sacroiliac joint injections stating, "ODG does not support treatment with Sacroiliac joint in the absence of objective findings consistent with sacroiliitis." Official Disability Guidelines have the following regarding Sacroiliac joint injections in their Pelvic/Hip chapter: Criteria for the use of Sacroiliac blocks includes history and physical diagnosis, failed aggressive conservative measures, positive diagnostic response recorded as 80% for duration of local anesthetic, frequency for repeat blocks is 2 months or longer etc. When steroid is used as a therapeutic injection, 80% reduction of pain lasting 6 weeks is required to consider a repeat injection. In this case, the patient received bilateral Sacroiliac joint injections on 7/16/13. Review of the operative report shows that Lidocaine and 40mg of Kenalog was used. There is only one follow-up progress report dated 8/15/13 following the injection. The treater reports "95%" improvement of symptoms but indicates that there are no changes in prescription. No other functional measures are provided. Duration of relief has not been reported. Based on the progress report, one cannot tell whether the patient had 95% relief for 2 hours (duration of local anesthetic used), for that day (as a result of IV sedation), 1-2 weeks (potential placebo response, or response to steroid), or that the relief was real. One would expect with 95% reduction of pain, reduction of medication or some discussion regarding the patient's function. Given the lack of pain reduction, functional changes lasting at least 6 weeks as required by ODG guidelines, recommendation is for denial.