

Case Number:	CM13-0054119		
Date Assigned:	12/30/2013	Date of Injury:	05/24/2011
Decision Date:	03/17/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/19/2013

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 Family 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 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:

Patient reported a date of injury on 05/24/11. Patient has been treated for ongoing lower back pain. Diagnoses include right L3-S1 facet joint pain, right sacroiliac joint pain, lumbar disc protrusion, lumbar stenosis and lumbar sprain. Medications include ibuprofen, Nucyenta, and Cymbalta. Subjective complaints are bilateral low back and buttock pain. Physical exam shows pain sacroiliac tenderness with positive Patrick's and Gaenslen's maneuver, and pressure at the sacral sulcus. There is restricted lumbar range of motion and lumbar paraspinal muscle tenderness. No weakness or decreased sensation was present. Radicular symptoms were negative bilaterally. Patient received a L4-S1 medial branch block that provided no relief of symptoms. Medical record show patient had failed NSAIDs, physical therapy and conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic bilateral sacroiliac joint injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, SI Joint Block.

Decision rationale: ODG recommends the following as criteria for the use of sacroiliac blocks: The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Submitted documentation for this patient is consistent with guideline criteria. Patient has failed pharmacologic and physical therapy has objective sacroiliac findings on exam, and other pain generators were ruled out including failure of diagnostic blocks to the lumbar spine. Therefore, due to this patient meeting guideline criteria, the sacroiliac joint injection is medically necessary.