

Case Number:	CM13-0054473		
Date Assigned:	12/30/2013	Date of Injury:	12/09/2009
Decision Date:	03/17/2014	UR Denial Date:	10/21/2013
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 Physical Medicine & Rehabilitation, 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 60 year old male with date of injury 12/9/09. The current request is for a right sacroiliac joint injection under fluoroscopy & monitored anesthesia. Review of the treating physician report dated 10/9/13 states a current diagnosis of: 1. Other Chronic Postoperative pain 33828 2. Lumbosacral Neuritis Nos 7244 3. Post Laminectomy Syndrome lumbar 72283 4. Lumb/Lumbosac Disc Degen 72252 The utilization review report dated 10/21/13 denied the request for right sacroiliac joint injection under fluoroscopy & monitored anesthesia based on insufficient objective documentation indicative of sacroiliac dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection under fluoroscopy and monitored anesthesia: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with increased pain in his bilateral buttocks 7/10, decreased pain in his left leg and right foot 5/10,

lower back pain 9/10 and increased left foot pain 9/10 with previous anterior/posterior lumbar fusion L2/3. The treating physician report dated 10/9/13 states the patient has undergone acupuncture, ESI injection, heat treatment, ice treatment, physical therapy and TENS. Exam findings state the patient is in no acute distress with tenderness to palpation over the left lumbar facets, right paravertebral thoracic spasm, left paravertebral thoracic spasm, and right sacroiliac joint, left sacroiliac joint and left buttock. Straight leg raise is positive on the left at 60 degrees. The MTUS guidelines do not address sacroiliac joint injections so the ODG guidelines are used. The first criteria for the use of sacroiliac blocks state that the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). The treating physician states the patient complains of pain in the buttocks and has tenderness to palpation of the S/I joints and left buttock. However there are no motion palpation or pain provocation examination findings to support a diagnosis of S/I joint dysfunction which is the first criteria for S/I joint blocks. The reports reviewed dated 7/11/13, 9/12/13, 10/9/13 and 11/6/13 do not address any other possible pain generators, which is the second criteria for S/I joint blocks. The treating physician failed to document that the necessary criteria for performing a sacroiliac block. Recommendation is for denial.