

Case Number:	CM14-0000666		
Date Assigned:	01/17/2014	Date of Injury:	09/08/2011
Decision Date:	09/18/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 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 male who has submitted a claim for bilateral sacroiliac (SI) joint derangements associated with an industrial injury date of September 8, 2011. The patient complains of persistent low back pain with marked tenderness over the sacroiliac joint bilaterally on physical examination. MRI of the lumbar spine obtained on October 11, 2011 revealed a 4-5mm left paracentral broad-based disc bulge and mild ligamentum flavum and facet hypertrophy at the L5-S1 level. These findings cause severe lateral recess stenosis and neural foraminal narrowing bilaterally with impingement on the S1 nerve roots, with the left being greater than the right. There was also a 4mm broad-based disc bulge and mild ligamentum flavum and facet arthropathy at the L4-L5 level. These, on the other hand, cause moderate lateral recess stenosis and neural foraminal narrowing bilaterally with indentation on the exiting nerve roots bilaterally. Nerve studies performed on January 12, 2012 revealed chronic S1 nerve root irritation on both sides without electrophysiological evidence to support distal peripheral neuropathy or entrapment neuropathy of the peroneal or tibial nerves. A plain radiograph of the lumbosacral spine was obtained on January 11, 2013 showing mild degenerative arthritic changes of the SI joints bilaterally. The patient was diagnosed with herniated lumbar disc and bilateral SI joint derangement. He previously received one bilateral SI block using Depo-Medrol with Marcaine and Xylocaine on October 29, 2013 with some improvement of his symptoms; hence the recommendation to receive additional two SI blocks. The patient's treatment to date has included oral analgesics, home exercises, lumbar discectomy, physical therapy, lumbar epidural injections and bilateral SI block. The utilization review from December 23, 2013 denied the request for SI blocks x2 because the quantification and duration of pain relief achieved after the most recent injection was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI BLOCK x2 WITH FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac Joint Blocks.

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

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines was used instead. The ODG criteria for repeat SI block include achievement of at least > 70% pain relief for at least 6 weeks after the initial injection when steroids are used. In this case, the patient received one bilateral SI block with steroid which provided some improvement of his symptoms; hence, additional two SI blocks were recommended. However, the percentage and duration of pain relief were not discussed. Moreover, the request failed to specify the laterality. The medical necessity has not been established due to lack of information. Therefore, the request for SI Block x 2 with fluoroscopy is not medically necessary.