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| Case Number: | CM14-0002826 | | |
| Date Assigned: | 01/29/2014 | Date of Injury: | 07/07/2008 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 01/08/2014 |

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 Physical Medicine and Rehabilitation 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 66-year-old female who has submitted a claim for status post L4-L5 and L5-S1 discectomy and fusion, persistent axial left-sided lower back pain, left-sided sacroiliac joint arthropathy, and status post right total knee arthroplasty associated with an industrial injury date of July 7, 2008. Medical records from 2012-2013 were reviewed. The patient complained of low back pain. The pain was specifically located at the left lower back and left buttock area. The pain does not radiate to the lower extremities. Physical examination showed tenderness over the left posterior superior iliac spine. Straight leg raise test was negative. Patrick's test was positive on the left side. MRI of the lumbar spine, dated July 18, 2011, revealed disc protrusion, L2-L3, L3-L4, L4-L5, and L5-S1 with multilevel facet arthrosis and neuroforaminal narrowing. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, total knee replacement, lumbar laminectomy and discectomy, lumbar epidural steroid injection, and left and right sacroiliac joint block. Utilization review, dated December 10, 2013, denied the request for SI joint block because there was no documentation of medical necessity supported by evidence-based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC JOINT BLOCK ON LEFT SIDE AND TRANSPORTATION TO/FROM FACILITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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; Knee & Leg, Transportation (To and From Appointments).

Decision rationale: CA MTUS does not specifically address sacroiliac joint blocks and transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. 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. Regarding transportation, it is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the patient received one left SI joint injection on August 2013 which provided 60-70% pain relief for at least two months. Medical records state that the pain has returned. The medical necessity for a repeat sacroiliac joint block was established. Regarding transportation to/from facility, the patient's recent progress report dated November 11, 2013 states that she is awake, alert, oriented, and ambulates with a cane. There was no documentation of any disability that the patient may have for transportation services to be necessary. The medical necessity for transportation to/from facility has not been established. Therefore, the request for sacroiliac joint block on left side and transportation to/from facility is not medically necessary.