

Case Number:	CM14-0004862		
Date Assigned:	01/24/2014	Date of Injury:	08/23/2007
Decision Date:	10/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/14/2014

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 Emergency Medicine and is licensed to practice in New York. 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 68-year-old male who was injured on August 23, 2007. The patient continued to experience low back pain. Physical examination was notable for less than tenderness over the sciatic notches generally, tenderness over the sacroiliac joints, focal tenderness over the lumbar facets, sensory deficit to light touch and temperature ober right L% and S1 dermatomes, and some motor weakness on left dorsiflexion. Diagnoses included multilevel lumbago with bilateral radiculopathy, sacroiliac and facet joint arthropathy, mutilevel cervicalgia with radiculopathy, extensive myofascial syndrome, and cervicogenic headaches. Treatment included medications sacroiliac injections, radiofrequency ablation, and epidural steroid injection. Request for authorization for sacroiliac joint injections bilaterally was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC JOINT INJECTIONS BILATERALLY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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, sacroiliac joint blocks

Decision rationale: Sacroiliac blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Etiology includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction. These include Cranial Shear Test, Extension Test, Flamingo Test, Fortin Finger Test, Gaenslen's Test, Gillet's Test (One Legged-Stork Test), Patrick's Test (FABER), Pelvic Compression Test, Pelvic Distraction Test, Pelvic Rock Test, Resisted Abduction Test (REAB);,Sacroiliac Shear Test, Standing Flexion Test, Seated Flexion Test, and Thigh Thrust Test (POSH). Imaging studies are not helpful. It has been questioned as to whether SI joint blocks are the "diagnostic gold standard." The block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. There is limited research suggesting therapeutic blocks offer long-term effect. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). In this case there is no documentation of three positive exam findings as listed above. Medical necessity has not been established. The request is not medically necessary.