

Case Number:	CM14-0007233		
Date Assigned:	02/12/2014	Date of Injury:	06/28/1993
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/20/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 61 year old male who reported an injury on 06/28/1993. The mechanism of injury was not provided. The diagnoses included neck pain post fusion and thoracic/lumbar pain with chronic radiculopathy. Per the 07/30/2013 clinical note, the injured worker reported ongoing pain across his neck, thoracic, and lumbar spine rated 6-8/10 with associated paresthesias in his upper and lower extremities. It was noted the injured worker was status post bilateral sacroiliac joint injections on 01/07/2013 and bilateral C7-T1 facet blocks on 01/21/2013. The injured worker had also received an epidural steroid injection at L4-5 on 07/30/2012 and trigger point injections. Per the 10/22/2013 clinical note, the injured worker reported pain rated 6-8/10. Examination of the lumbar spine included palpable muscle spasms, decreased sensation in a right L4-5 distribution, tenderness over the sacroiliac joints bilaterally, and positive straight leg raising bilaterally. The request for authorization form for bilateral sacroiliac joint injections was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC JOINT INJECTIONS: 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), Hip and Pelvis, Sacroiliac joint blocks.

Decision rationale: The request for bilateral sacroiliac joint injections is not medically necessary. The Official Disability Guidelines recommend sacroiliac joint blocks only as an option if a 4-6 week period of aggressive conservative therapy is failed. There is limited research suggesting therapeutic blocks offer long-term effect. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least greater than 70% pain relief recorded. Blocks should be performed under fluoroscopy. There is a lack of documentation regarding the failure of a 4-6 week period of conservative care. The medical records provided indicate the injured worker received bilateral sacroiliac joint injections on 01/07/2013 with little improvement in his pain. Since the injured worker did not experience significant pain relief with prior injections, the medical necessity for repeat injections was not established. In addition, the submitted request does not specify fluoroscopy will be used. As such, the request is not medically necessary.