

Case Number:	CM14-0008636		
Date Assigned:	02/12/2014	Date of Injury:	12/31/2005
Decision Date:	08/21/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 52-year-old who has submitted a claim for Chronic Axial Low Back Pain and Gluteal Region Pain associated with an industrial injury date of December 31, 2005. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of axial low back and buttock region pain, rated 5/10. There were no complaints of bilateral lower extremity weakness or bowel or bladder dysfunction. On physical examination, there was pain on lumbar flexion and extension. Straight leg raise test was negative. Patrick's and Yeoman's maneuvers were positive bilaterally. No sensorimotor deficits of the lower extremities were noted. Gait was within normal limits. X-ray of the lumbar spine (undated) confirmed posterolateral fusion at L3-4 and L4-5 and alignment defects at T4 and L4-5. There were also degenerative changes about the sacroiliac joint and left hip. He also underwent a right hip replacement. Treatment to date has included medications, physical therapy, chiropractic care, acupuncture, home exercise program, psychiatric treatment, lumbar fusion surgery and subsequent hardware removal, and TENS (transcutaneous electrical nerve stimulation) unit. Utilization review from January 6, 2014 denied the request for bilateral diagnostic therapeutic sacroiliac joint injections (2) because there was no evidence of failure of recent non-surgical treatment modalities including physical therapy prior to sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two bilateral diagnostic therapeutic 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 (OGD), CHAPTER: HIP & PELVIS, SACROILIAC JOINT BLOCKS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. In this case, given the 2005 date of injury, the patients low back complaints are no longer considered to be in the transitional phase between acute and chronic pain. Furthermore, a progress note dated January 13, 2014 stated that six physical therapy sessions were requested prior to SI (sacroiliac) joint injections and that if symptoms did not significantly improve with these sessions, then the request for SI joint injection will be resubmitted. The records for review only included a progress note for the initial therapy visit and there were no records submitted regarding the patient's progress with the remaining physical therapy sessions. Without these records, the medical necessity of the request cannot be established. Therefore, the request for two bilateral diagnostic therapeutic sacroiliac joint injections is not medically necessary or appropriate.