

Case Number:	CM14-0104078		
Date Assigned:	07/30/2014	Date of Injury:	02/04/2008
Decision Date:	10/31/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 injured worker is a 47-year-old male who reported an injury on 02/04/2008 due to an unknown mechanism. Diagnosis was lumbosacral spondylosis status post 2 level fusion at L4-5, L5-S1 with retained hardware. Past treatments were medications, physical therapy, epidural steroid injections, SI joint injections, TENS Unit, aquatic therapy. Surgical history was lumbar fusion of the L4-5, L5-S1 and laparoscopic vertical sleeve gastrectomy. Physical examination dated 06/12/2014 revealed that the injured worker had bilateral SI joint injections on 03/20/2014. The injured worker reported he had 50% pain reduction for about 2 weeks. Pain reported was 8/10. It was reported that the pain seemed to worsen with time. The injured worker reported the pain was above and below the waist line, more separate to the SI joint with different character of pain. Examination of the lumbar spine revealed tenderness at the L3, L4, and L5 and sacral spine tenderness at the S1, S2, and S3. There was flexion to 35 degrees and extension was less than 10 degrees with low back pain. Treatment plan was to recommend a second injection which should give the injured worker pain relief. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI (Sacroiliac) joint injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis, Sacroiliac Joint Injection

Decision rationale: The Official Disability Guidelines state for sacroiliac joint blocks, the criteria for use are the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed). Diagnostic evaluation must first address any other possible pain generators. The injured worker has had and failed at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management. Blocks are performed under fluoroscopy. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. If steroids are injected in the initial injection, the duration of pain relief should be at least 6 weeks with at least a greater than 70% pain relief recorded for this period. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least a greater than 70% pain relief is obtained for 6 weeks. The block is not to be performed on the same day as a lumbar epidural steroid injection, transforaminal ESI, facet joint injection, or medial branch block. In the treatment or therapeutic phase, the interventional procedure should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. The injured worker had a sacroiliac joint injection with pain relief reported of 2 weeks. The medical guidelines state that pain relief should be reported for 6 weeks. The injured worker only reported a 50% pain relief from the injection. The medical guidelines state 70% pain relief should be obtained. The clinical information submitted for review does not provide evidence to justify a bilateral SI joint injection. Therefore, this request of Bilateral SI (Sacroiliac) joint injection is not medically necessary and appropriate.