

Case Number:	CM14-0014137		
Date Assigned:	02/26/2014	Date of Injury:	04/26/1999
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine 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 59-year-old male who has submitted a claim for failed laminectomy syndrome, and lumbar disc disease associated with an industrial injury date of April 26, 1999. Medical records from 2013 were reviewed. The patient complained of chronic low back pain. The pain was the radicular type and radiates into his right greater than left lower extremities. There was increasing pain on his right hip. The pain was worse with weight bearing and range of motion. Physical examination showed tenderness over the sacroiliac joints and right greater than left trochanter. Active range of motion was diminished secondary to pain. Pelvic compression test and Geisner's test was positive. Straight leg raise on the right leg in the seated position. Motor strength testing was 4/5 in the lower extremities with production of pain to his low back. CT scan of the lumbar spine, dated October 10, 2013, revealed posterior decompression beginning at L2 extending to the sacrum, intervertebral body fusion from L3-L4 through L5-S1, disc spaces at the fused levels were mostly ossified, spondylosis at L4-L5 and L5-S1 present; and degenerative disc disease and joint facet arthropathy above the fused levels, neural foraminal narrowing bilaterally at L2-L3. EMG (Electromyography) and NCS (Nerve Conduction Velocity) dated October 21, 2013 showed electrodiagnostic evidence of chronic bilateral S1 radiculopathy without acute denervation. Treatment to date has included medications, physical therapy, activity modification, lumbar surgery, lumbar epidural steroid injections, hip/bursa injections, and spinal cord stimulator permanent implant. Utilization review, dated January 9, 2014, denied the prospective request for SI joint blocks because the history and physical exam did not suggest a diagnosis of sacroiliac dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI (Sacroiliac) joint block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis (Acute & Chronic).

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.

Decision rationale: CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI block include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, the rationale for the request was not provided by the medical records submitted. The patient has significant low back pain but only positive for pelvic compression test. History and physical examination do not suggest the diagnosis of sacroiliac dysfunction. In addition, trial of aggressive conservative management aside from medical therapy has not been documented, which includes physical therapy and home exercises. The guideline criteria have not been met. Furthermore, the present request failed to specify the laterality. Therefore, the request for SI (Sacroiliac) joint block is not medically necessary and appropriate.