

Case Number:	CM14-0014660		
Date Assigned:	02/28/2014	Date of Injury:	02/11/2013
Decision Date:	08/01/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 60-year-old female who has submitted a claim for cervical sprain/strain, cervical multiple disc herniation, cervical neuritis of bilateral upper extremities, cervical radiculitis/radiculopathy, lumbar sprain/strain, lumbar paraspinal muscle spasms, multiple lumbar disc herniations, lumbar radiculopathy, and sacroiliitis of the left sacroiliac joint associated with an industrial injury date of February 11, 2013. Medical records from 2013-2014 were reviewed. The patient complained of persistently severe left sacroiliac joint pain. The pain comes down from the left buttock down to the posterior lateral aspect of the left thigh. The left buttock pain was aggravated while standing on uneven surfaces or standing up from a sitting position. Physical examination showed moderate guarding over the bilateral paraspinal muscles, more on the left side. There was also tenderness over the left sacroiliac joint with reproduction of sharp shooting pain down to the posterior and lateral aspects of the left thigh. Range of motion of the lumbar spine was limited. Straight leg raise test was positive bilaterally. There was decreased motor strength on the left quadriceps, hamstrings, gastrocsoleus, and ankle dorsiflexors. Patient was positive for sacroiliac joint thrust, Gaenslen's, Adson's, Patrick Fabere, trendelenburg, valsalva, and sciatic tenderness test on the left. Sensation was intact. MRI of the lumbar spine, dated April 30, 2013, revealed L3-L4 bilateral facet arthropathy, and on L5-S1, grade II anterolisthesis of L5 over S1, modic type II changes within the endplates, 5-6mm unroofing of the disc causing partial narrowing of the neural foramina, bilateral pars interarticularis defect, 2-3mm diffuse posterior disc herniation with posterior mid sagittal annular tear, and bilateral facet arthropathy. Official report of the imaging study was not available for review. The treatment to date has included medications, physical therapy, home exercise program, activity modification, cervical epidural steroid injections, bilateral lumbar transforaminal cannulation, and right and left sacroiliac joint injection. Utilization review, dated January 21, 2014, denied the request for

2nd left sacroiliac joint injection under fluoroscopic guidance at [REDACTED].
Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

2ND LEFT SACROILLAC JOINT INJECTION UNDER FLUROSCOPIC GUIDANCE AT [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL INJECTIONS.

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: California MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for repeat SI block include achievement of at least >70% pain relief for at least 6 weeks after the initial injection when steroids are used. In this case, the patient received one left SI joint injection on September 25, 2013. The medical records submitted did not document any pain relief and improvement of her symptoms. Moreover, there was no evidence of pain relief for at least 6 weeks after the initial SI injection. The guideline criteria have not been met. Therefore, the request for 2nd left sacroiliac joint injection under fluoroscopic guidance at [REDACTED] is not medically necessary.