

Case Number:	CM14-0130246		
Date Assigned:	08/18/2014	Date of Injury:	05/21/1997
Decision Date:	09/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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:

Patient is a 71 year-old female with date of injury 05/21/007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/25/2014, lists subjective complaints as pain in the low back with radicular symptoms down both legs. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral regions, at multiple trigger points with jump sign and radiation of pain, in the right sacroiliac joint, in the left sacroiliac joint and in the left buttock at the L3-4, L4-5, and L5-S1 levels. Extension, right lateral rotation and left lateral rotation of the lumbar spine are positive for back pain. Straight leg test was negative bilaterally. Sensations were equal, and motor strength was 5/5 in both lower extremities. Diagnosis: Sprain/Strain Lumbar 2. Radiculopathy Lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 (ODG); Work Loss Data Institute, Section: Low Back - Lumbar & Thoracic (Acute & Chronic) and ACOEM, Low Back Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. Some ODG criteria for the use of sacroiliac blocks include: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings, 2. Diagnostic evaluation must first address any other possible pain generators, and 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including Physical Therapy, Home Exercise and Medication Management. The available documentation fails to meet the criteria therefore, the request is not medically necessary.