

Case Number:	CM14-0138838		
Date Assigned:	09/05/2014	Date of Injury:	07/21/2009
Decision Date:	10/03/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Pain 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:

This is a 34-year-old patient who sustained an industrial injury on 07/21/2009. Mechanism of injury was not provided. Diagnoses include lumbar disc displacement with myelopathy, lumbar spondylosis with myelopathy, carpal tunnel syndrome, and bursitis of the hand or wrist. Previous treatment has included chiropractic treatment, acupuncture treatment, physical therapy, and sacroiliac joint injections. A request for a right sacroiliac joint block injection was non-certified at utilization review on 08/19/14 with the reviewing physician noting that the patient has previously undergone multiple sacroiliac joint injections with good improvement, but the dates are unknown and there was no objective information available about the procedure or degree of improvement either in terms of function or pain intensity. And the fact that the patient had previous diagnostic injections would indicate a repeat diagnostic injection is not supported. In addition, the plan, if positive, would be for repeat radiofrequency ablation of the joint which would not be supported. Progress note dated 08/11/14 revealed a patient presenting with complaints of constant moderate to severe pain in the lumbar spine, aggravated by walking for long periods. Objective findings revealed +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2-S1 and quadratus lumborum. There was a trigger point to the right piriformis muscle. Kemps test was positive bilaterally and straight leg raise test was positive bilaterally. Yeoman's was positive bilaterally. Lumbar range of motion was restricted and painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint block Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac Joint Blocks

Decision rationale: The ODG guidelines regarding SI joint injections states "1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." In this case, documentation does not identify 3 positive exam findings, it does not appear other possible pain generators have been addressed, and there is no documentation of failure of at least 4-6 weeks of aggressive conservative therapy targeting the SI joints. Physical examinations provided did not include SI joint provocative maneuvers such as SI distraction test, SI compression test, Gaenslen's test, or FABER/Patrick's test. Although prior conservative treatment is mentioned, it is not clear if treatment was targeting the lumbar spine, carpal tunnel symptoms, or the SI joint. It is also noted the patient has previously undergone multiple sacroiliac joint injections as well as prior denervation; however, date of prior injections is not provided nor is there any documentation regarding specific percentage of relief or associated functional benefit as a result. Therefore, the request for a right sacroiliac joint block injection is not medically necessary.