

Case Number:	CM14-0141255		
Date Assigned:	09/10/2014	Date of Injury:	01/20/2006
Decision Date:	12/30/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 44-year-old female with complaints of L-spine. The date of injury was 1/20/06 and the mechanism of injury was not elicited. At the time of request for therapeutic injection to the right sacroiliac joint, there is subjective (tingling and shooting pain in the upper and lower back throughout the lower extremities, very little pain in the left shoulder and stiffness in the wrists), objective (left shoulder revealed well-healed arthroscopic incisions and limited range of motion (ROM). Exam also revealed well-healed surgical scars over the dorsum of both wrists, palpable RA/UA, wrist ROM 55 degrees bilaterally. L-spine revealed well-healed posterior scars. Lower extremity neurological exam revealed reports of hypesthesia/dysesthesia in the right more so than left anterior thigh. Mildly positive SLR on the right. Heel/toe walks with discomfort. Bilateral hips revealed pain over both greater trochanters, left greater than right), findings, imaging/other findings (lumbar CT 9/6/13 revealed solid fusion with no evidence of loosening, infection, or fracture), surgeries (not documented), allergy (Dilaudid and Oxybutynin), current medications (Norco, Soma, Lidoderm), diagnoses (S/P lumbar decompression fusion L4-sacrum (posteriorly instrumented and interbody) A/W bilateral trochanteric bursitis, bilateral meralgia paresthetica and residual neuropathic pain RLE; left shoulder-S/P sub-acromial decompression; S/P excision bilateral dorsal wrist ganglia; depression A/W number 1), treatment to date (acupuncture with benefit, a trial of spinal cord stimulator on 10/15/13 without benefit, and medication management. UDS dated 3/20/14 positive for hydrocodone and hydromorphone (consistent); urine drug screen (UDS) dated 4/17/14 positive for Norco(hydrocodone), Neurontin (gabapentin), benzodiazepines, opiates, oxycodone, tricyclic antidepressants). The request for therapeutic injection to the right sacroiliac joint was denied on 08/06/14 and 08/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Injection to the Right Sacroiliac Joint: 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 Official Disability Guidelines (ODG), Hip & Pelvis, SI joint.

Decision rationale: According to Official Disability Guidelines (ODG) guidelines, The Sacroiliac joint blocks are recommended when the patient meets the following criteria: The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above); diagnostic evaluation must first address any other possible pain generators; The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy (PT), home exercise and medication management. In this case, however, there is no documentation of trial and failure of aggressive conservative therapy such as PT. Therefore, the medical necessity for right SI joint injection is not established per guidelines.