

Case Number:	CM14-0150508		
Date Assigned:	09/18/2014	Date of Injury:	04/25/2009
Decision Date:	10/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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:

Injured worker is a 57-year-old female who reported an injury on 04/25/2009. The mechanism of injury was not provided. On 07/08/2014 the injured worker presented with neck pain that radiates bilaterally into the shoulders and arms. The injured worker is status post anterior lumbar discectomy from the L2-3 interbody fusion. Upon examination of the cervical spine there was 5/5 motor strength with a positive bilateral Phalen's test. Examination of the lumbar spine noted tenderness to light touch in the lumbosacral region with moderate tenderness to palpation at the bilateral SI joints. There was full range of motion noted with the exception of extension which was limited to 10 degrees. There was 5/5 strength and intact sensation to pinprick in all lower extremity dermatomes. The diagnoses were spinal stenosis, cervical spondylosis, and degenerative thoracic lumbar intervertebral discs. X-rays of the lumbar spine dated 11/05/2013 revealed stable L2-3 posterior fixation and L5-S1 interbody fusion spacers with progressing osseous fusion at the L2-3 and L3-4 inter-spaces. The provider recommended repeat SI S1 joint injections to the bilateral sides, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat S1 joint injection right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter

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 Block.

Decision rationale: The request for a repeat SI S1 joint injection to the right side is not medically necessary. The California MTUS recommend a sacroiliac joint block as an option if there was evidence of a failure of additionally recommended conservative treatment for 4 to 6 weeks. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. The criteria for use of a sacroiliac block include history and physical suggesting diagnosis, at least three positive exam findings of a cranial shear test, extension test, flamingo test, Fortin's finger test, Gaenslen's test, Gillet's test, and thigh thrust test. Diagnostic evaluation must first address any other possible pain generators and the injured worker must have had to fail 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Blocks are performed under fluoroscopy for guidance and a positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive the second block is not performed. There is lack of documentation of at least 80% reduction of pain with the previous joint injection. Additionally, there is lack of documentation of the efficacy of the prior courses of conservative treatment. The guidelines recommend at least 3 positive examination findings, however there are no diagnostic tests performed in the physical examination. As such, the request is not medically necessary.

Repeat S1 joint injection left side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter

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 Block

Decision rationale: The request for a repeat SI S1 joint injection to the left side is not medically necessary. The California MTUS recommend a sacroiliac joint block as an option if there was evidence of a failure of additionally recommended conservative treatment for 4 to 6 weeks. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. The criteria for use of a sacroiliac block include history and physical suggesting diagnosis, at least three positive exam findings of a cranial shear test, extension test, flamingo test, Fortin's finger test, Gaenslen's test, Gillet's test, and thigh thrust test. Diagnostic evaluation must first address any other possible pain generators and the injured worker must have had to fail for 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Blocks are performed under fluoroscopy for guidance and a positive diagnostic response is recorded as 80 percent for the duration of the local anesthetic. If the first block is not positive the second block is not performed. There is

lack of documentation of at least 80 percent reduction of pain with the previous joint injection. Additionally, there is lack of documentation of the efficacy of the prior courses of conservative treatment. The guidelines recommend at least 3 positive examination findings, however there are no diagnostic tests performed in the physical examination. As such, the request is not medically necessary.