

Case Number:	CM14-0156804		
Date Assigned:	09/26/2014	Date of Injury:	10/09/1999
Decision Date:	12/31/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/24/2014

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:

The patient has a 62 year old male who was injured on 10/09/99 resulting in chronic lumbar pain and diagnoses of lumbar disc displacement and spondylosis with both neck and thoracic pain as well. According to 3/18/14 clinic note with his physical medicine physician, he has undergone functional restoration program, has had facet ablation in the past with good relieve although does have continued worsening back pain. He has been treated with bth long acting Opana 20mg twice daily and short-acting hydrocodone/APAP 10/325mg every 8 hours as needed for pain. He also has is prescribed Norflex and Celebrex. On 4/15/15 he reports increasing pain due to Celebrex not being authorized. As well he reports that capsaicin cream is helpful with pain. He reports a 50% improvement in pain level and functional capacity with chronic pain medications. On physical exam at that time he has an antalgic gait and tenderness over lumbosacral junction, decreased range of motion and positive right sided straight leg raise. On 6/10/14 follow-up with PM&R he reports 8/10 pain with an 80% improvement with medications without any side effects. On physical exam he has an antalgic gait, significantly limited lumbar range of motion and spasm along lumbar para-spinals. There is no change in assessment or treatment plan. The patient was evaluated on 8/5/14 by PM&R at which time he reports persistent back pain on the right side over his buttock which has flared up since his medication was decreased. He had a SI injection on 5/7/13 on the right side that reportedly gave a prolonged reduction in pain level and improvement of functional capacity. On physical exam he has an antalgic gait, negative straight leg, no spasm or guarding, positive Patrick maneuver on the right and positive sciatic notch tenderness son the right. He is diagnosed with sacroiliac dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI joint injection, sacroiliac joint arthogram fluoroscopic guidance, IV sedation:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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 Chapter, SI block "Evidence-Based Diagnosis and Treatment of the Painful Sacroiliac Joint" Journal of Manual and Manipulative Therapy. 16(3), 2008.

Decision rationale: CA MTUS guidelines do not specifically comment on SI injection for SI joint dysfunction. ODG states that "the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings)". Review of the provided medical record from 8/5/14 notes two positive pain provocative tests which are consistent with diagnosis of SI joint dysfunction: positive sciatic notch tenderness and positive Patrick's test are noted in the clinical record. In addition there is a third physical exam finding, antalgic gait that is consistent with SI joint dysfunction although less specific. According to the literature, based on these three findings there is a 77% chance that the pain is from SI joint dysfunction. These positive exam findings taken into account with symptoms consistent with SI joint dysfunction and previous diagnoses of SI joint dysfunction that was successfully treated with SI injection on 5/7/13, suggest that right SI injection is medically necessary at this time. The previous SI injection at the site of pain generator on 5/7/13 reportedly provided more than 70% pain relief for more than 6 weeks as well as improved functional capacity. This meets ODG criteria for repeat SI block. Therefore, Right SI joint injection, sacroiliac joint arthogram fluoroscopic guidance, IV sedation is medically necessary and appropriate.