

Case Number:	CM14-0163453		
Date Assigned:	11/05/2014	Date of Injury:	04/03/2014
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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 American Board Internal 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 injured worker (IW) is a 58-year-old man who sustained an injury on April 3, 201 when he fell from the flat bed of a truck and landed on a hard cement surface. He landed on his back, hitting his head and the right elbow on the ground. Prior treatments have included use of durable medical equipment, heat and cold application, rest, medications, physical therapy, and acupuncture with no improvement. The IW had left sacroiliac joint (SI) injection under fluoroscopy guidance and non-dural puncture arthrogram with interpretation of a dye under fluoroscopy on July 30, 2014 and right sacroiliac joint (SI) injection under fluoroscopy guidance and non-dural puncture arthrogram with interpretation of a dye under fluoroscopy on August 13, 2014. The provider documented that the IW had 65% improvement after the second right SI joint injection performed on August 13, 2014. The IW received improvement with weakness, tingling, and numbness in the right lower leg. Pursuant to the progress noted dated August 29, 2014, the IW complains of severe right elbow pain that radiates up to the neck and to the right arm with weakness, numbness and tingling that radiates down to right hand. There is pain on the right elbow with crepitation on range of motion (ROM). Physical examination reveals elbow pain that radiates to the upper extremities from the cervical region. Disruptive sleep due to pain and painful limited ROM. There is limited ROM of the cervical spine with frequent severe headaches with blurry vision. The IW is also suffering from severe SI joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect thigh. Gaenslen's test and Patrick Fabre tests were positive. SI joint thrust demonstrated severely positive results on exam. The IW was diagnosed with elbow limited ROM. Medications were not documented in the medical record. The treatment plan documented by the provider includes: First right elbow intra-articular injection under fluoroscopy guidance, and third right SI joint injection under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

3rd right SI joint injection under fluroscopic guidance: 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), Hip & Pelvis, Sacroiliac joint blocks

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 Joint Blocks

Decision rationale: Pursuant to the Official Disability Guidelines, third right sacroiliac joint injection under fluoroscopic guidance is not medically necessary. The guidelines state the criteria for use of the sacroiliac block. They include, but are not limited to, the history and physical should suggest the diagnosis; the patient has had failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management; a positive diagnostic response is recorded as 80% for the duration of a local anesthetic. If the first block is not positive, a second block is not performed. In the treatment or therapeutic phase, the suggested frequency for repeat blocks is two months or longer between each injection, provided that at least greater than 70% pain relief is obtained for six weeks. In this case, the sacroiliac (S I) injection procedure was documented August 13 of 2014. The injection from August 13, 2014 was the first SI joint injection on the right side. The request under review is for the second right SI joint injection. There was a follow up note August 29, 2014 that indicated 65% improvement after the second SI joint injection. The request for the second right SI joint injection was approximately 6 weeks following the first injection. Additionally, the treating physician noted a 65% improvement when the guidelines require a greater than 70% improvement. While the improvement fell just short of the guidelines, the timeframe fell two weeks short of the guidelines. Consequently, repeat (second) right SI joint injection under fluoroscopic guidance is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, follow-up (second) iliac injection procedure for the fluoroscopic guidance is not medically necessary.