MAXIMUS Federal Services

Case Number:	CM14-0171481		
Date Assigned:	10/23/2014	Date of Injury:	09/14/1992
Decision Date:	11/21/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/16/2014

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 Pain Management 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 is a 60 year old female with a date of injury on 9/14/1992. As per 10/8/14 report, she presented with pain level of 8/10, flare-up of her low back pain, with radiculitis to the lower extremities (LE) (B) after pulling her back recently. She previously had fall injuring her ribs right greater than left. An examination revealed she ambulated slowly and with some difficulty without use of devices and decreased range of motion (ROM) of back due to pain. A lumbar spine x-ray dated 07/03/14 revealed postsurgical changes of fusion extending from T12-S1 and evidence of laminectomy at L3-L5. She is status post back surgery, hardware at T11-S2, fusion, bilateral knee replacement, and bladder suspension. She is currently on Topamax, Lidocaine patch, Tramadol hydrochloride (HCL), and Norco and is having good benefit with the medications. She, however, has had dizziness, confusion, and balance issues with the use of Lyrica and it was discontinued. She had continued benefit with Norco, and Lidoderm patch continued to significantly alleviate her neuropathic pain. There was no significant relief with Voltaren, but Mobic was helping. She previously failed physical therapy (PT). She is awaiting authorization for a caudal epidural steroid injection and she reported 30-50% relief of her low back pain with radiation to the lower extremities (LE) (B) after caudal epidural steroid injection (ESI) performed on 3/27/14 times 3 months, 70-75% relief with caudal times 4 weeks, continued 100% relief of her left hip pain with left hip injection performed on 4/1/14 with decreased use of Norco from 3 per day to 2 per day reported post injection. Diagnoses included lower leg pain, lumbago, lumbar degenerative disc disease (DDD), lumbar facet arthropathy, post-laminectomy syndrome, lumbar spinal stenosis, and herniated cervical disc. The request for bilateral sacroiliac injection was denied on 9/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Hip & Pelvis (Acute & Chronic)

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 blocks

Decision rationale: According to the Official Disability Guidelines (ODG), the sacroiliac joint blocks are recommended when the injured worker meets the following criteria: The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings (i.e. provocative tests); Diagnostic evaluation must first address any other possible pain generators; The injured worker 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 a detailed exam with at least 3 positive findings pertinent to sacroiliac (SI) joint pathology. There is no evidence of trial and failure of aggressive conservative therapy such as physical therapy (PT). Furthermore, the injured worker has been diagnosed with post-laminectomy syndrome and spinal stenosis which can explain her symptoms. Therefore, the medical necessity for bilateral (B/L) sacroiliac (SI) joint injection is not established per guidelines and based on the submitted medical records.