

Case Number:	CM14-0176746		
Date Assigned:	10/30/2014	Date of Injury:	07/02/2007
Decision Date:	12/17/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 51-year-old female with a 7/2/07 date of injury. The mechanism of injury occurred when she tripped on a pin and twisted, falling into steel shelving. According to a progress report dated 8/8/14, the patient reported sharp pain with radiation. Objective findings: midline scar consistent with implantation of a spinal cord stimulator, decreased range of motion in all directions, moderately severe tenderness over the paraspinal muscles bilaterally with paravertebral spasm, positive straight leg raise test reproducing low back pain and radicular leg pain, diminished sensation over left thigh, leg, and foot. Diagnostic impression: status-post lumbar fusion on 3/18/14, lumbar sacroiliitis. According to an appeal note dated 10/16/14, the provider stated that CT scan findings confirmed degenerative changes in the sacroiliac joints. A lumbar CT scan on 9/4/14 revealed mild to moderate spinal and neural foramina narrowing at L2-3, L3-4, and L5-S1 due to disc bulges and facet joint arthropathy and scoliosis, and moderate to marked scoliosis to the left at L2-3, 5. Her clinical presentation remained abnormal for presence of tenderness, positive straight leg raise test, which are all sacroiliac joint in origin. Treatment to date: medication management, activity modification, surgery, spinal cord stimulator. A UR decision dated 10/13/14 denied the request for bilateral SI joint blocks. The guidelines require documentation of at least 3 tests for SI joint dysfunction prior to injection. The current documentation does not contain positive clinical or CT findings regarding the SI joints to support the diagnosis and need for injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint blocks: 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 and Pelvis Chapter, Sacroiliac joint Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac joint injections and Other Medical Treatment Guideline or Medical Evidence: Joint Bone Spine. 2006 Jan; 73(1):17-23. : Hansen HC, et. al. Sacroiliac joint interventions: a systematic review. Pain Physician. 2007 Jan; 10(1):165-84. Review.: Rupert MP, et. al. Evaluation of sacroiliac joint interventions: a systematic appraisal of the literature. Pain Physician. 2009 Mar-Apr; 12(2):399

Decision rationale: CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). In the present case, it is noted that there is presence of tenderness and positive straight leg raise test; however there is a lack of three positive orthopedic exam findings to support a diagnosis of SI joint dysfunction. Furthermore, there is a lack of documentation indicating that the patient has tried and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Therefore, the request for Bilateral SI joint blocks was not medically necessary.