MAXIMUS Federal Services

Case Number:	CM14-0027118		
Date Assigned:	06/13/2014	Date of Injury:	12/09/2011
Decision Date:	12/23/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 application for independent medical review was dated February 21, 2014. It was for a series of three right sacroiliac joint injections and one follow-up visit. Per the records provided, this is a 46-year-old male with an industrial injury from September 9, 2011. He has a failed back surgery syndrome from lumbar back surgery in the past. There was chronic intractable lumbar backache, and predominant right lower extremity radiculopathy. Medications included Percocet which provided up to 50% symptom relief. Lumbar back surgery provided substantial improvement and it was a right L5-S1 decompression laminectomy that was performed. The provider's treatment strategy was to wean medications including opiates into transit from Percocet to Norco and discontinue the tramadol. There is still painful restricted lumbar range of motion movements. The sacroiliac joint provocative tests are not specified in the documentation provided. It is not clear why a series of three sacroiliac injections are required clinically.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF 3 RIGHT SACROILIAC JOINT INJECTIONS: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, under Sacroiliac Injections

Decision rationale: Per the American College of Occupational and Environmental Medicine (ACOEM) guides, Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to re injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscularor intraarticular administration, including infection and unintended damageto neurovascular structures. Injections of opioids are never indicated exceptfor conditions involving acute, severe trauma. Moreover, the Official Disability Guidelines (ODG) notes for Sacroiliac Injections:1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings:Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. 2. Diagnostic evaluation must first address any other possible pain generators.3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.4. Blocks are performed under fluoroscopy. (Hansen, 2003)5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least 70% pain relief is obtained for 6 weeks.8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.At least of triad of sacroiliac signs are not confirmed. Also, series of three injections are no longer supported in mainstream pain management principles. The request is not medically necessary and appropriate.

FOLLOW UP IN ONE MONTH: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits

Decision rationale: Regarding office visits, the MTUS is silent. The Official Disability Guidelines (ODG) notes that office visits are recommended as determined to be medically

necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, given the services were not certified. The request is not medically necessary and appropriate.