

Case Number:	CM14-0028395		
Date Assigned:	06/16/2014	Date of Injury:	07/26/2007
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/06/2014

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 Family Medicine and is licensed to practice in Arizona. 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 is a 34 year old male with a date of injury on 7/26/2007. Subjective complaints are of progressive low back pain rated at 7/10. Physical exam shows tenderness over the bilateral SI joints, pain with flexion and extension, and positive standing stork test. MRI from 7/2/2008 showed degenerative disc disease, and neural foraminal narrowing at L5-S1. Electrodiagnostic testing from the same date was negative. Patient had received epidural steroid injections on 2/9/2012, and bilateral sacroiliac joint injections on 6/28/2012 and 9/10/2013. Pain was noted to be decreased by 40-50% at 6 weeks status post sacroiliac injection. Medications include Norco, Neurontin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SI JOINTS INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joints Injections.

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, SACROILIAC BLOCKS.

Decision rationale: ODG recommends the following as criteria for the use of sacroiliac blocks: The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. Diagnostic evaluation must first address any other possible pain generators. For repeat therapeutic injections, the suggested frequency for repeat blocks is 2 months or longer, provided that at least greater than 70 percent pain relief is obtained for 6 weeks. Therefore, due to this patient not meeting guideline criteria of at least 70% pain relief, the medical necessity of sacroiliac blocks is not established.