

Case Number:	CM14-0030192		
Date Assigned:	06/20/2014	Date of Injury:	08/29/2012
Decision Date:	08/19/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old male with a reported date of injury on 08/29/2012. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, radicular syndrome, lumbar without claudication spinal stenosis, lumbosacral spondylosis, sciatica, and sprains/strains of the sacroiliac region. His previous treatments have been noted to include physical therapy and medications. The progress note dated 02/14/2014 revealed the injured worker had tenderness over the right sacroiliac joint and diffuse central and right-sided tenderness at L4-5, L5-S1 levels. His lumbar extension was more limited than flexion and straight leg raising was negative. The injured worker had tenderness over the lower lumbar facet joints and specifically over the right sacroiliac joint. The request for authorization form dated 02/19/2014 was for a repeat sacroiliac joint injection for sacroiliac joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Sacroiliac (SI) Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Sacroiliac (SI) Joint Injection.

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 joint blocks.

Decision rationale: The request for a repeat SI Joint Injection is not medically necessary. The injured worker has received a previous SI joint injection. The ODG recommend sacroiliac joint blocks as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy. SI dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved. Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. The guidelines state there are specific tests for motion palpation and pain provocation have been described for SI joint dysfunction. The tests include cranial shear test, extension test, flamingo test, fortin finger test, gaenslen's test, gillet's test, patrick's test (FABER), pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, SI shear test, standing flexion test, seated flexion test, and thigh thrust test. The guidelines criteria for the use of sacroiliac blocks is the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed). The diagnostic evaluation must first address any other possible pain generators. The injured worker has had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. The blocks are performed under fluoroscopy. 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. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least greater than 70% pain relief recorded for this period. 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 greater than 70% pain relief is obtained for 6 weeks. The block is not to be performed on the same day as a lumbar epidural steroid injection, transforaminal ESI, facet joint injection or medial branch block. There is a lack of documentation regarding physical examination findings positive for SI joint pain with special testing and pain relief after the previous SI joint injection. Therefore, the request is not medically necessary.