MAXIMUS Federal Services

Case Number:	CM14-0030977		
Date Assigned:	06/20/2014	Date of Injury:	03/07/2003
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/11/2014

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 Texas. 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 68 year old male whose date of injury is 03/07/03 when he was working as a mover and carrying a heavy credenza and injured his low back. The injured complains of low back pain and right upper leg pain. Bilateral sacroiliac joint injections were performed on 05/14/13 with significant relief. A request for a repeat injection was denied on 02/19/14, noting that there were only two findings on physical examination of sacroiliac joint dysfunction, and that the injured worker had only 60% relief with previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Blocks, Criteria for the use of Sacroiliac Blocks. Decision based on Non-MTUS Citation 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 and Pelvis, Sacroiliac joint blocks.

Decision rationale: ODG criteria for the use of sacroiliac blocks require there be at least 3 positive exam findings indicative of SI joint dysfunction; other possible pain generators must

first be addressed; documented failure of at least 4-6 weeks of aggressive conservative therapy; and blocks are performed under fluoroscopy. A positive diagnostic response is recorded as 80% relief for the duration of the local anesthetic. If the first block is not positive, a second block is not warranted. Review of all records submitted for review revealed that the injured worker reported 100% relief of low back pain and 90% relief of right upper leg pain immediately following the SI injection on 05/14/13, with 60% ongoing relief. The injured worker was able to increase activity levels while decreasing his medication use by half. A recent note documented 3 positive findings on examination with positive FABER, shear test, and resisted abduction test. The first two are positive bilaterally and the last is positive on the right. Based on the clinical information provided, the request for bilateral sacroiliac joint block is recommended as medically necessary. [NOTE: The records include a utilization review determination dated 04/08/14 that certified SI joint block as medically necessary, and a procedure note dated 05/27/14 documents that bilateral SI joint injections were performed.]