

Case Number:	CM14-0045107		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2007
Decision Date:	08/21/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 patient is a 53 year-old female with date of injury 03/01/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/17/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the lumbar spine revealed very limited range of motion. There was some tenderness noted over the posterior superior iliac spine. Gait was antalgic and patient had full strength in the lower and upper extremities. Limited range of motion was noted in the cervical spine. Diagnosis: 1. Sacroiliac joint dysfunction 2. Lumbar radiculopathy. Patient underwent an MRI that indicated disc protrusion on the right side at L5-S1, with some degenerative changes noted on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac injection Left Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 191-192.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. Some ODG criteria for the use of sacroiliac blocks include: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings, 2. Diagnostic evaluation must first address any other possible pain generators, and 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The available documentation fails to meet the criteria. Therefore, the request is not medically necessary.