

Case Number:	CM14-0055253		
Date Assigned:	07/07/2014	Date of Injury:	07/29/2013
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/16/2014

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 43-year-old female who has submitted a claim for lumbar sprain/strain, sacroiliitis, and bilateral hip sprain associated with an industrial injury date of July 29, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent bilateral sacroiliac joint pain. Physical examination revealed tenderness over the paralumbar extensors and facet joints. There was limited flexion and extension of the lumbar spine. Motor examination was 5/5 throughout all muscle groups. No sensory deficits were noted. Straight leg raise test was negative bilaterally. Gaenslen's test was positive bilaterally. EMG/NCS studies done 1/19/14 were unremarkable. MRI of the lumbar spine dated 12/12/13, revealed L2-L3 and L3-L4 broad 1mm disk protrusion and annular fissures, L4-L5 mild bilateral foraminal narrowing due to facet arthropathy, disk degeneration and facet arthropathy. Treatment to date has included physical therapy, chiropractic treatment, work restrictions, right sacroiliac joint cortisone injection (3/4/14), and medications, which include Naproxen 500mg, and Cyclobenzaprine. Utilization review from April 1, 2014 denied the request for bilateral sacroiliac joint cortisone injection because clinical documentation indicates that the patient received 60% pain relief following right-sided sacroiliac joint cortisone injection, which was performed on 3/4/14. Patient did not meet the six-week interval for duration of pain relief. Additionally, guidelines indicate that the suggested frequency for repeat blocks is two months or longer between each injection, provided that at least greater than 70% pain relief is obtained for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC JOINT CORTISONE INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 185.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint Interventions.

Decision rationale: According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical exam should suggest the diagnosis (with documentation of at least 3 positive exam findings). Criteria for repeat SI block include achievement of at least >70% pain relief for at least 6 weeks after the initial injection when steroids are used; and the suggested frequency for repeat blocks is 2 months or longer between each injection. In this case, sacroiliac joint injection was requested to address the patient's chronic bilateral hip pain. The patient received one right SI joint injection on March 4, 2014 which according to the records, provided 60% pain relief, which is less than what is supported by guidelines for a repeat injection. Moreover, there was no evidence of pain relief for at least 6 weeks after the initial SI injection. The guideline criteria have not been met. Therefore, the request for BILATERAL SACROILIAC JOINT CORTISONE INJECTION is not medically necessary.