

Case Number:	CM14-0056991		
Date Assigned:	07/09/2014	Date of Injury:	03/14/1997
Decision Date:	08/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Orthopaedic Surgery 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:

This 62-year-old female sustained an industrial injury on 3/14/97, while working as a nurse's aide. Past surgical history was positive for anterior lumbar interbody fusion L4/5 and L5/S1, and thoracic laminotomy. She underwent left knee arthroscopic surgery in 2013. The 2/5/14 lumbar MRI impression documented stable desiccated discogenic changes at L1/2 and L2/3, stable post-operative changes at L4/5 and L5/S1, and bilateral foraminal stenosis at L5/S1. The left L5 nerve root cannot be accounted for. The 3/27/14 treating physician report cited continued low back pain with lower extremity numbness and tingling, and severe left sacroiliac (SI) pain. Pain was getting more debilitating, with partial relief with medication and transcutaneous electrical nerve stimulation (TENS) unit. She noted frequent incontinence and worsening lower extremity weakness and numbness. Exam documented antalgic gait, exquisite left SI joint pain, SI joint palpation recreates her back and radiating lower extremity pain, pain with lumbar range of motion, pain with any attempt at left hip motion, markedly positive left shear and Faber test, and non-dermatomal left lower extremity paresthesias. Muscle testing demonstrated 4/5 left gastrocnemius, extensor hallucis longus, tibialis anterior, and quadriceps weakness. There were symmetrical lower extremity deep tendon reflexes. A new thoracic MRI was requested to evaluate for spinal cord compression. The provider opined there was a very large component of SI joint dysfunction based on the physical exam and requested an SI joint block to assess response. The 4/16/14 utilization review denied the request for sacroiliac (SI) joint injection as there was no documentation of guideline-recommended conservative treatment and three positive exam findings. The 4/28/14 electrodiagnostic study findings suggested chronic bilateral L4/5 and L5/S1 lumbar radiculopathy, there was no evidence of acute radiculopathy. The 4/22/14 thoracic MRI documented improvement in the appearance of posterior right lateral ligamentum flavum thickening and possible ossification at T10/11 and T11/12. There was no evidence of cord

compression or distortion of the posterior neural elements. The 5/6/14 treating physician report cited exquisite tenderness over the SI joint with markedly positive Shear and Faber maneuvers. There were paresthesias in the left lower extremity and global weakness with considerable pain. The treating physician stated that the patient presented with a complex picture, and imaging and electrodiagnostic studies failed to disclose the primary source of pain. He opined that diagnostic SI blocks were warranted. The patient was at risk for SI dysfunction given her prior fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI joint block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and pelvis chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 191-192. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines provide specific criteria for the use of sacroiliac blocks. Criteria include history and physical findings suggestive of sacroiliac joint dysfunction (with documentation of 3 positive exam findings) and diagnostic evaluation had addressed any other possible pain generators. Failure of 4 to 6 weeks of aggressive conservative treatment, including physical therapy, home exercise and medication management was required. Guideline criteria have been met. This patient presents with exquisite tenderness over the left SI joint with markedly positive provocative SI joint testing. Femoral acetabular motion elicits marked sacroiliac joint pain. The patient is status post remote L4/5 and L5/S1 fusion. Lumbar and thoracic MRIs and electrodiagnostic studies have ruled out other pain generators. The patient is extremely debilitated due to sacroiliac dysfunction. Reasonable conservative treatment has been tried and failed. Therefore, this request for left SI joint injection is medically necessary.