

Case Number:	CM14-0061541		
Date Assigned:	07/11/2014	Date of Injury:	08/24/2009
Decision Date:	09/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 70 year old employee with date of injury of 8/24/2009. Medical records indicate the patient is undergoing treatment for degeneration of lumbar/lumbosacral intervertebral disc. Subjective complaints include left buttock pain with radiation to the left leg which did not improve with ESI. She rates her pain as 8/10. She describes her pain and aching and stabbing in her low back and legs on both sides. She gets intermittent tingling in the right leg and the pain is worse with prolonged activity. She gets relief from her medications. She reports headaches, stomach upset, chills, diarrhea, constipation, depression and insomnia. Objective findings include tender sacroiliac joints bilaterally. On the left, she has a positive Patrick's and Gaenslen's sign. There is tenderness of the paraspinals bilaterally and increased pain with extension. The lumbar spine has sensation intact but diminished in L5 and S1 distribution on the right. Sciatic notches are pain free when palpated. Her straight leg raise is positive bilaterally. Treatment has consisted of physical therapy and Medrol Dosepak, but she failed both. She is currently taking Cymbalta, Naproxen and Voltaren gel along with Gabapentin. She received a toradol injection on 1/10/2014 due to bad pain. Her last epidural steroid injection was in January, 2012 and gave her relief for "many months". The physician is requesting Bilateral SI Joint Injections. The utilization review determination was rendered on 4/21/2014 recommending non-certification of Bilateral SI Joint Injections for Lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI Joint Injections For Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip And Pelvis Chapter.

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 injections Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections/.

Decision rationale: ODG Criteria for the use of sacroiliac blocks:1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).2. Diagnostic evaluation must first address any other possible pain generators.3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.4. Blocks are performed under fluoroscopy. (Hansen, 2003)5. 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.6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.7. 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 >70% pain relief is obtained for 6 weeks.8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. There are only two positive exam findings on the left, a positive Patrick's sign and a positive Gaenslen's and none on the right. The treating physician noted physical therapy failure but that the patient continued a home exercise program. Additionally, the treating physician has not provided a time frame for the most recent exacerbation of lumbosacral pain. The treating physician has not met the above guidelines at this time. As such, the request Bilateral SI Joint Injections for Lumbar is not medically necessary at this time.