

Case Number:	CM14-0067291		
Date Assigned:	07/11/2014	Date of Injury:	07/31/2011
Decision Date:	08/29/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 50-year-old female who reported an injury on 07/31/2011 due to an unknown mechanism. The diagnoses were lumbosacral radiculopathy, spasm of muscle, degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, lumbago and symptoms of depression. Also, she had insomnia due to a medical condition, classified elsewhere; gastroesophageal reflux disease; and lumbar facet joint pain. Past treatments reported were gentle stretching and exercises, physical therapy sessions, chiropractic sessions, epidural steroid injections and the wearing of a back brace. Diagnostic studies were an MRI, electromyogram (EMG) and nerve conduction velocity studies (NCV). The injured worker had an MRI dated 12/16/2013, which revealed postoperative changes at the L4-5 and L5-S1, including laminectomies, bony fusions and disc space implants. A small, flattened fluid collection was present posteriorly in the midline, posterior to the posterior elements and thecal sac. No central spinal stenosis or foraminal encroachment was demonstrated at these levels. There was no apparent impingement on the nerve roots exiting within the foramen; however, there may be mild focal impingement on the origin of the left L4 nerve as it arises from the thecal sac. It was reported that the injured worker has had 4 back surgeries. The injured worker had a physical examination on 04/07/2014 with complaints of severe, aching low back pain rated at a 9/10. She also complained of having constant painful numbness of her lateral right leg, alternating with spasms several times at night, which caused her to get very little sleep. The injured worker had an epidural steroid injection on 12/30/2013; and at this visit, she stated that the pain had returned. Patrick's test was severely positive. Examination of the lumbar spine revealed tenderness with palpation. Lumbar flexion was limited to 15 degrees, and return to neutral elicited pain. Straight leg raise was positive bilaterally and elicited pain at 15 degrees of elevation. Neuro examination revealed dysesthesia along the posterolateral legs from hips to

heels to lateral toes and from the medial mid-calves to the big toes. The treatment plan was for the injured worker to continue with the use of heat, ice, rest and gentle stretching and exercise. The treatment plan was for an epidural steroid injection at L4-5 and an MRI of the lumbar spine without contrast. Also to be requested was a right sacroiliac joint injection under sedation. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacral Iliac Joint Injection Under Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment in Workers' Compensation, On line Edition; Chapter: Low Back Sacroiliac Joint Injections (SJI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Sacroiliac Joint Blocks.

Decision rationale: The request for a right sacroiliac joint injection under sedation is medically necessary. The Official Disability Guidelines for sacroiliac joint blocks state that they are recommended as an option for the failure of at least 4 to 6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks are a history and physical that should suggest the diagnosis (with documentation of at least 3 positive exam findings). Diagnostic evaluation must first address any other possible pain generators. The injured worker should have documented failure of at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise and medication management. The blocks are performed under fluoroscopy. 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. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least a greater than 70% pain relief recorded for this period. 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 a greater than 70% pain relief is obtained for 6 weeks. The block is not to be performed on the same day as a lumbar epidural steroid injection or transforaminal epidural steroid injection, facet joint injections or medial branch block. 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 a maximum of 4 times (for local anesthetic and steroid blocks) over a period of 1 year. The documents submitted for review does not meet the criteria set forth by the guidelines. There were not 3 positive exam findings with the documentation and history and physicals submitted to support the medical necessity for the request. Therefore, the request for right sacral iliac joint injection under sedation is not medically necessary and appropriate.