

Case Number:	CM14-0077556		
Date Assigned:	07/18/2014	Date of Injury:	05/21/2008
Decision Date:	09/19/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 Oklahoma. 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 61-year-old male who reported an injury when the shovel he was using hit a root on 05/21/2008. On 05/30/2014, his diagnoses included neck sprain/strain, cervicgia, sprain/strain of the lumbosacral spine, herniated lumbar disc and radiculopathy, chronic neck and low back pain, lumbar degenerative disc disease, right sided lumbar radiculopathy and left sided sacroiliitis. His medications included Lidoderm 5% patch, Baclofen 10 mg, Tylenol #3 and Robaxin 750 mg. The rationale for the request was stated as, this worker had been denied the previous request for the sacroiliac injection and had tried alternative medications and therapies including self home exercise, heat, over the counter anti-inflammatories and Tylenol # 3 but had not gained any benefit for his pain and they were submitting an appeal for the sacroiliac joint injection. He had never had one and the prescribing physician felt he would benefit from a sacroiliac joint injection. A Request for Authorization dated 06/03/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) outpatient left sacroiliac joint injection under fluoroscopy and anesthesia x 1 to be done at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for the use of sacroiliac blocks; ODG-TWC: Hip/Pelvis: Sacroiliac Joint Block (updated 03/25/14).

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 Official Disability Guidelines note that sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology, including spinal stenosis and facet arthropathy. The diagnosis is also difficult to make as pain symptoms may depend on the region of the sacroiliac joint that is involved (anterior, posterior and/or extra-articular ligaments). Pain may radiate into the buttocks, groin, and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Sacroiliac joint blocks may be recommended as an option if there has been documentation of failure of at least 4 to 6 weeks of aggressive conservative therapy. There was no documentation submitted that this injured worker had failed at least 4 to 6 of aggressive conservative therapy including physical therapy, home exercise, and medication management. It was revealed in the progress note that he did have arthritis at the inferior aspects of the femoral head into the acetabulum. There were also x-rays of his hips to confirm the diagnosis of osteoarthritis of the inferior aspect of the joint. He had also been encouraged to get an MRI but there was no documentation of this ever having been done. The clinical information submitted addressed other possible pain generators in the lower back and sacroiliac region. The clinical information submitted failed to meet the evidence based guidelines for sacroiliac joint injection. Additionally, the request did not state what the injection would consist of. Therefore, this is not medically necessary.