

Case Number:	CM14-0078520		
Date Assigned:	07/18/2014	Date of Injury:	06/23/2003
Decision Date:	09/24/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/29/2014

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:

Patient is a 76 year-old male with date of injury 06/23/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/30/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Patient is status post L4-S1 fusion with hardware removal and adjacent disc disease at L3-4. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the bilateral sacroiliac joints. He was positive bilateral Patrick/Fabere maneuver and Gaenslen's. Strength was 5/5 bilaterally in iliopsoas, quads, tibialis anterior and toe flexors with negative bilateral straight leg raise. Diagnosis: 1. Status post L4-S1 fusion with hardware removal and adjacent disc disease at L3-4 2. Chronic pain 3. History of cerebrovascular accident 4. Hypertension 5. Lumbar myofascial pain 6. Bilateral sacroiliac joint dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. Some ODG criteria for the use of sacroiliac blocks include: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings, 2. Diagnostic evaluation must first address any other possible pain generators, and 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The patient has significant pathology in the lumbar spine and the available documentation fails to address the lumbar as a source of the pain generator. Given the above the request is not medically necessary.