

Case Number:	CM14-0078620		
Date Assigned:	08/27/2014	Date of Injury:	02/19/2008
Decision Date:	09/25/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 45 year old male who reported an injury on 02/19/2008 while he was struck while working on a conveyor. Diagnoses included herniated nucleus pulposus, lumbar disc degeneration, lumbago, and disorder of the sacrum. Past treatments included epidural steroid injections, physical therapy, acupuncture, exercise and medication. Diagnostic studies included an MRI of the lumbar spine was previously performed which indicated L5-S1 disc protrusion and mild facet disease at the left L4-5 level. Surgical history included right knee arthroscopy in 06/2003 and left knee arthroscopy in 02/2010. The clinical note dated 03/31/2014 indicated the injured worker complained of left sacroiliac joint pain, left knee pain, and thoracic and lumbar spine pain. Pain was rated 4-5/10 with medication and 8/10 without medication. Physical exam revealed tenderness to palpation to the left sacroiliac joint. Medications included Ibuprofen and an unspecified narcotic. Medications prescribed on 03/31/2014 included topical PLo gel, Omeprazole, and Anaprox. The treatment plan included a left sacroiliac joint injection for sacroiliac joint pain. The request for authorization and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI joint injections for sacroiliac joint pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facets: Sacroiliac Joint Pain.

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, Sacroiliac joint blocks.

Decision rationale: The request for left sacroiliac joint injection for sacroiliac joint pain is not medically necessary. The Official Disability Guidelines recommend sacroiliac joint injection as an option stating 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). Criteria for the use of sacroiliac blocks include history and physical that suggest the diagnosis with documentation of at least three positive exam findings, diagnostic evaluation must first address any other possible pain generators, and the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. The clinical documentation does not provide evidence of specific exam findings to indicate a diagnosis of sacroiliac joint dysfunction. There is a lack of documentation indicating the injured worker completed a recent, adequate course of physical therapy, as well as documentation detailing the injured worker's medication usage. Because there is not a clear diagnosis of sacroiliac joint dysfunction, the injured worker's pain is not quantified, and aggressive conservative therapy such as medications and physical therapy are not described, the sacroiliac joint block would not be indicated at this time. As such, the request for left sacroiliac joint injection for pain is not medically necessary.