

Case Number:	CM14-0089297		
Date Assigned:	07/23/2014	Date of Injury:	10/23/1973
Decision Date:	12/30/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 69-year-old male who has submitted a claim for sacroiliitis and lumbosacral disc degenerative disease associated with an industrial injury date of October 23, 1973. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the posterior thigh rated 8/10 in severity. The patient denied bowel or bladder incontinence. There was no associated weakness. Physical examination showed tenderness at paraspinous area of the lumbar spine, tenderness at the sacroiliac joints bilaterally, normal muscle tone, positive facet loading test, normal but painful active range of motion of the lumbar spine, decreased deep tendon reflex rated 1/4 at Achilles bilaterally, positive FABERE test bilaterally, positive Gaenslen's test bilaterally, and antalgic gait. MRI of the lumbar spine from October 2013 showed moderate to severe spinal stenosis at L2 to L3 to L5 to S1 with impingement on multiple nerves including right L2, bilateral L3, left L4 and bilateral L5. There was evidence of multilevel facet arthropathy and degenerative disk disease. Treatment to date has included bilateral sacroiliac joint injection on 2/3/2014 (resulting to 70% pain relief for two weeks), repeat bilateral sacroiliac joint injection on 4/23/2014 (without pain improvement), lumbar laminotomy in 1972, L3 to L5 medial branch block in 2012, lumbar epidural steroid injections in 2010, physical therapy and medications. The utilization review from May 28, 2014 denied the request for bilateral sacroiliac (SI) joint injection with pulse radiofrequency because the procedure was not proven to be effective in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac (SI) Joint Injection with Pulse Radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back/Diagnostic Lumbar Facet Blocks; Facet Joint Pain, signs & symptoms: Lumbar Facet Blocks (Intra-articular Injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Pulsed radio frequency treatment (PRF) Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint blocks

Decision rationale: According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint (SI) injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines criteria for SI joint injections include: clinical sacroiliac joint dysfunction; failure of at least 4-6 weeks of aggressive conservative therapy; history and physical exam should suggest the diagnosis (with documentation of at least 3 positive exam findings); and 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. In this case, the patient complained of low back pain radiating to the posterior thigh rated 8/10 in severity. The patient denied bowel or bladder incontinence. There was no associated weakness. Physical examination showed tenderness at paraspinous area of the lumbar spine, tenderness at the sacroiliac joints bilaterally, normal muscle tone, positive facet loading test, normal but painful active range of motion of the lumbar spine, decreased deep tendon reflex rated 1/4 at Achilles bilaterally, positive FABERE test bilaterally, positive Gaenslen's test bilaterally, and antalgic gait. MRI of the lumbar spine from October 2013 showed moderate to severe spinal stenosis at L2 to L3 to L5 to S1 with impingement on multiple nerves including right L2, bilateral L3, left L4 and bilateral L5. There was evidence of multilevel facet arthropathy and degenerative disk disease. The patient underwent bilateral sacroiliac joint injection on 2/3/2014 resulting to 70% pain relief for two weeks. However, a repeat bilateral sacroiliac joint injection on 4/23/2014 resulted to no pain improvement. The guideline criterion for a repeat injection of >70% pain relief for 6 weeks from previous injection was not met. Moreover, page 102 of the CA MTUS Chronic Pain Medical Treatment Guidelines does not recommend pulsed radiofrequency treatment (PRF). It is considered investigational for the treatment and not medically necessary for chronic pain. There is no compelling rationale concerning the need for variance from the guideline. Therefore, the request for bilateral sacroiliac (SI) joint injection with pulse radiofrequency is not medically necessary.