

Case Number:	CM14-0090357		
Date Assigned:	07/23/2014	Date of Injury:	03/23/2006
Decision Date:	10/17/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesia, 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:

45 year old male injured worker has date of injury 3/23/06 with related back pain. Per progress report dated 4/21/14, the injured worker complained of continued back pain that radiated to the right leg that was associated with weakness and numbness sensation of the right leg, especially of the right foot. The injured worker limped with the right leg and used a cane for ambulation. Per physical exam, the injured worker had strength of 4/5 of the right hip flexors, dorsiflexors, plantar flexors, and hamstring muscles. Sensation to light touch, pinprick, and two-point discrimination in the right foot and increased sensitivity in the anterior aspect of the right thigh were noted. There was severe muscle spasm in the lumbosacral musculature. CT scan of the lumbar spine dated 3/14/14 was consistent with severe stenosis of the L5-S1 neural foramen causing compression of the exiting right L5 nerve root. Treatment to date has included physical therapy, chiropractic manipulation, surgery, and medication management. The date of UR decision was 6/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1st Right Sacroiliac Joint Injection Under Fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic) - Sacroiliac Joint Blocks.

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 MTUS is silent on the use of sacroiliac joint injections. Per ODG TWC with regard to sacroiliac joint injections: " Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below." Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
2. Diagnostic evaluation must first address any other possible pain generators.
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy. (Hansen, 2003)
5. 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.
6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.
7. 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 >70% pain relief is obtained for 6 weeks.
8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.
9. 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 maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. The documentation submitted for review meets the guideline criteria for requested procedure. It is documented that the injured worker has failed conservative therapy included physical therapy, chiropractic manipulation, and medication management. I respectfully disagree with the UR physician's denial based on the lack of explicit documentation that conservative therapy was targeted to the sacroiliac joints versus the low back. The request is medically necessary.