

Case Number:	CM14-0098765		
Date Assigned:	07/28/2014	Date of Injury:	08/29/2002
Decision Date:	09/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 has a cumulative trauma injury with a date of injury given as 8/29/02. She had extensive treatment related to the cervical spine and upper extremity conditions. Although there is evidence for low back pain for at least 3 years with some imaging studies, it appears that complaints related specifically to increasing low back pain and SI dysfunction are documented since March 2014. Electrodiagnostic testing for the lower extremities has been negative on 3 occasions. Positive tests for sacroiliac joint dysfunction have included the high thrust test, distraction test, Gaenslen's test, Fabre's test, and pelvic compression test. The primary treating physician has requested bilateral sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Index, Hips and Pelvis, Sacroiliac Joint Injection/Block.

Decision rationale: The MTUS does not specifically address sacroiliac joint injections. The ODG Guidelines recommend sacroiliac joint injections as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. 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 SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Innervation: The anterior portion is thought to be innervated by the posterior rami of the L1-S2 roots and the posterior portion by the posterior rami of L4-S3, although the actual innervation remains unclear. Anterior innervation may also be supplied by the obturator nerve, superior gluteal nerve and/or lumbosacral trunk. Other research supports innervation by the S1 and S2 sacral dorsal rami. It has been questioned as to whether SI joint blocks are the "diagnostic gold standard." The block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Sacral lateral branch injections have demonstrated a lack of diagnostic power and area not endorsed for this purpose. Treatment: 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. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. In this case the utilization review noted that the injury occurred over 11 years ago with extensive treatment provided. The records would indicate that most of the treatment was focused on the cervical spine and upper extremities. The worsening low back complaints appear to be recent with the SI joint examination findings first noted in March 2014. Utilization review further noted that the patient was well beyond the acute and transitional phases. After review of the medical records it appears that her low back pain with likely sacroiliac joint dysfunction is a recent diagnosis. The primary treating physician has adequately documented support for the ODG criteria for sacroiliac joint injection. There is documentation of clear evidence for a clinical picture suggestive of sacroiliac joint injury/disease with 5 positive clinical tests for sacroiliac dysfunction. For the reasons noted above the prior utilization review decision is reversed. The request for bilateral sacroiliac joint injection is medically necessary.