

Case Number:	CM14-0017033		
Date Assigned:	03/07/2014	Date of Injury:	03/01/2001
Decision Date:	11/03/2015	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 54 year old male who sustained an industrial injury March 1, 2001. Past history included status post L4-S1 fusion, 2004, status post decompression of the bilateral carpal tunnel 2003, status post spinal cord stimulator leads insertion trial 2013 and removal 2013, and gastritis. According to a secondary treating physician's orthopedic report dated January 3, 2014, the injured worker presented with severe neck pain, rated 8-9 out of 10, with pain and numbness radiating into the bilateral shoulders and down the arms to the wrists. He also reports low back pain, rated 8-9 out of 10, with pain and numbness radiating into the buttocks, hips and down the anterior and posterior thighs to the shins and calves. Current medication included Hydrocodone, Opana, Lunesta, Cymbalta, Aciphex, and Colace. Physical examination included; normal gait, normal heel-toe swing-through gait with no evidence of a limp; marked palpable tenderness in the bilateral sacroiliac joints; sensory intact in the bilateral lower extremities; positive facet loading; straight leg raise is positive bilaterally at 80 degrees. The physician documented an MRI of the lumbar spine dated 12-19-2013, revealed; postsurgical changes in the lumbar spine with L4, L5 and S1 laminectomy and L5-S1 vertebral body fusion; at L3-4 there is a 3mm posterior osteophyte disc complex, thecal sac is narrowed and measures 7mm in AP; moderate to severe narrowing of neural foramen bilaterally due to facet disease and osteophyte disc complex; L5-S1 vertebral bodies fused; there is a 7mm anterolisthesis of L5 on S1; bony fusion of the facet joint with bony hypertrophy causing severe narrowing of left and moderate narrowing of right L5-S1 neural foramina. Diagnoses are status post hardware removal of the lumbar spine; L3-4 disc degeneration above an L4-S1 fusion; L3-S1 lumbar stenosis; L3-L4

facet arthropathy; bilateral lumbar radiculopathy; bilateral sacroiliac joint dysfunction. At issue, is a request for authorization for one (1) right sacroiliac joint block, as an outpatient. According to utilization review dated January 16, 2014, the request for (1) Right Sacroiliac Joint Block as outpatient is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right sacroiliac joint block, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: <https://acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: hip and pelvis, Topic: Sacroiliac injections, diagnostic.

Decision rationale: ODG guidelines indicate that sacroiliac diagnostic injections are not recommended. No further definitive treatment can be recommended based on any diagnostic information potentially rendered by these injections. Studies have shown no prediction of success of neurotomy based on either prognostic intra-articular or lateral branch blocks and the use of multiple sacroiliac joint local anesthetic blocks, near complete pain relief from diagnostic blocks or prognostic lateral branch blocks is not currently recommended. As such, the request for sacroiliac joint block is not supported and the medical necessity of the request has not been substantiated and therefore is not medically necessary.