

Case Number:	CM14-0185292		
Date Assigned:	11/13/2014	Date of Injury:	06/17/1995
Decision Date:	01/02/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/06/2014

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 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:

46 year old female injured worker with date of injury 6/17/95 with related back and leg pain. Per progress report dated 10/16/14, the injured worker complained of constant back pain rated 8/10, constant leg pain rated 7/10. She stated that the sacroiliac joint injections that she had been receiving provided dramatic relief from pain and enabled her to be much more active. Per physical exam, strength in the legs was normal except on the left extensor hallucis and tibialis anterior were 4/5. Sensation was decreased at the L5 distribution. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included sacroiliac joint injection, and medication management. The date of UR decision was 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint block, bilateral to be done every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Pain Society (APS) and Oregon Evidence-Based Practice Center

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. In the therapeutic phase, repeat blocks may be repeated only as necessary judging by the medical necessity criteria. As the request is for ongoing blocks, it does not allow for ongoing evaluation of treatment efficacy. Additionally, the documentation did not contain information regarding the duration of relief from the previously administered SI joint injection 1/2014. The request is not medically necessary.