

Case Number:	CM14-0187660		
Date Assigned:	11/17/2014	Date of Injury:	11/25/2006
Decision Date:	01/06/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New Jersey. 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 is a 46-year-old female who reported an injury on 11/25/2006. The mechanism of injury was cumulative trauma. She was diagnosed with lumbar disc displacement without myelopathy. Her past treatments have included acupuncture therapy, physical therapy, medications, traction, a TENS unit, and sacroiliac joint injection. Her diagnostic studies included an unofficial x-ray of the right and left hip performed on 12/12/2012, which revealed an unremarkable exam. On 11/17/2014, the injured worker reported persistent low back pain that is worse with increased activity, standing, or walking for prolonged periods. Upon physical examination of her lumbar spine, it was noted to reveal significant tenderness to palpation over the right sided SI joint, and a positive faber and compression test of her right sided sacroiliac joint. Additionally, she had decreased range of motion by 20% with flexion and extension and rotation bilaterally, and axial loading of the lumbar facets were positive for pain. Her current medications were not provided. The treatment plan included a repeat sacroiliac joint injection since the injured worker had positive benefits from previous injection, and she had worsening of sacroiliac joint pain. A Request for Authorization was submitted on 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis

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 request for right SI joint injection is not medically necessary. The injured worker reported persistent low back pain that is worse with increased activity, standing, or walking for prolonged periods. The Official Disability Guidelines recommend sacroiliac joint injections for patients with a history and physical which demonstrate a diagnosis of sacroiliac joint dysfunction, including at least 3 positive provocative tests upon physical examination. There should be evidence that the patient has completed and failed at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management. Blocks should be performed under fluoroscopy. Additionally, the guidelines state in the treatment or therapeutic 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. Furthermore, the guidelines state during the therapeutic phase, the interventional procedure should be repeated only as necessary judging by the medical necessity criteria, and they should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. The most recent clinical note does indicate functional deficits and provides evidence that the patient failed at least 4 to 6 weeks of aggressive conservative therapy; however, the clinical documentation does not show evidence of at least 3 positive findings of sacroiliac joint dysfunction upon physical examination. Additionally, the clinical documentation indicates the patient had a previous sacroiliac joint injection which did provide pain relief; however, it did not indicate if there was at least 70% pain relief obtained for at least 6 weeks. Given the above information, the request is not supported by the guidelines. As such, the request for right SI joint injection is not medically necessary.

Sacroiliac joint arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis

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, Arthrography

Decision rationale: The request for sacroiliac joint arthrogram is not medically necessary. The Official Disability Guidelines recommend arthrography for suspected labral tears. The clinical documentation submitted for review does not provide evidence of suspected labral tears. Given the above information, the request for sacroiliac joint arthrogram is not medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fluroscopy (for ESI's)

Decision rationale: The request for fluoroscopic guidance is not medically necessary. The Official Disability Guidelines recommend fluoroscopic guidance in guiding the needle into epidural space. However, since the sacroiliac joint injection is not supported by the guidelines, the request for fluoroscopic guidance is not medically necessary.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural Steroid injections (ESIs)

Decision rationale: The request for IV sedation is not medically necessary. The Official Disability Guidelines state that routine use of sedation with epidural steroid injections is not recommended except for patients with anxiety. The clinical information submitted for review failed to clearly outline the rationale for the requested IV sedation, and there was no evidence of significant anxiety related to the procedure. Therefore, use of IV sedation is not supported. As such, the request is not medically necessary.