

Case Number:	CM14-0203512		
Date Assigned:	12/16/2014	Date of Injury:	11/01/2011
Decision Date:	02/04/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/05/2014

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 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:

Injured worker is a female with date of injury 11/1/2011. Per orthopedic progress report dated 10/31/2014, the injured worker underwent medial branch facet block injections at L4, L5, and S1 bilaterally on 9/22/2014. She reports approximately 70% improvement in her low back pain since the injections. However, she states her left buttock pain has not improved. She reports pain and instability in the right knee. On examination there is reduced range of motion of the lumbar spine in all planes. Sitting and supine straight leg raise tests are positive on the right. Thigh thrust and Gaenslen's are positive on the right. Range of motion in the knees demonstrates reduced flexion with 100 degrees on the right and 130 degrees on the left, with normal extension. There is medial joint line tenderness on the right. McMurray's is painful on the right. Diagnoses include 1) right sacroiliac joint dysfunction 2) lumbar disc herniations, L4-5 and L5-S1 3) lumbar facet syndrome 4) status post right knee arthroscopic chondroplasty and microfracture of the medial femoral condyle, 6/2012, with residual pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint block Qty: 1.00: Overturned

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), Hip and Pelvis chapter, Sacroiliac Joint Blocks section.

Decision rationale: The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings 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 physical therapy, home exercise and medication management 4) blocks are performed under fluoroscopy 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and 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 phase the suggested frequency for repeat blocks is 2 months or longer 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, transforaminal epidural steroid injection, facet joint injection or medial branch block 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. The requesting physician explains that the injured worker continues to have significant pain in the right buttock. Based on physical examination, the requesting physician believes there is inflammation of the right sacroiliac joint. The injured worker continues to have low back pain that is unrelieved by conservative measures. The request for Right sacroiliac joint block Qty: 1.00 is determined to be medically necessary.

Viscosupplementation injections (right) knee - includes the series Qty: 1.00: Overturned

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), Knee Chapter, Hyaluronic Acid Injections section.

Decision rationale: The MTUS Guidelines do not address visco-supplementation. The ODG recommends hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments or to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. Repeat injection may be reasonable if documented significant improvement in symptoms for 6 months or more, and symptoms recur. The requesting physician explains that the injured worker reports persistent pain and instability in the right knee. She remains symptomatic despite completing aqua therapy. She is not a candidate for a cortisone injection because of the osteochondral fragment noted on MRI studies. Visco-supplementation injections for the right knee may provide the injured worker with pain relief and functional improvement. She continues

to have knee pain causing activity limitation. There is evidence of knee chondromalacia, osteoarthritis, or narrowing of either the medial or lateral joint and she displays positive exam findings. The request for Visco-supplementation injections (right) knee - includes the series Qty: 1.00 is determined to be medically necessary.