

Case Number:	CM15-0004994		
Date Assigned:	01/16/2015	Date of Injury:	09/20/1999
Decision Date:	03/11/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67 year old female sustained a work related injury on 09/20/1999. On 03/11/2014, the injured worker underwent lateral and posterior sacroiliac fusion. According to a progress report dated 12/17/2014, the injured worker complained of mild to moderate constant low back pain. She felt that she had an exacerbation of her right sacroiliac (SI) joint pain. Exam findings included a positive Faber on the right side, positive Fortin's test, and a positive Gaenslen's test. She was advised that she would benefit from a right SI joint injection. Medications included Lyrica, Norco, Restoril, and Soma. Assessment included Sacroiliitis. Treatment plan included right SI joint injection under sedation and follow up in three weeks. She remained on temporary total disabled status. On 12/31/2014, Utilization Review non-certified referral to pain management specialist. According to Utilization Review, there was no documentation of what conservative care had been attempted prior to referral for pain management. There was no documentation of any therapy to the right sacroiliac joint. There was no documentation of any sacroiliac joint injection being attempted. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines, ACOEM Low Back Complaints, Chapter 7 Independent Medical Examinations page 127 and Official Disability Guidelines Hip & Pelvis (Acute & Chronic). The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Pain Management Specialist for Possible Medical Co-Management of Right SI Pain: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation sacroiliac joint blocks, office visits

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. According to the guidelines, SI joint blocks are 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 below: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). 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 this case, the claimant did have the physical findings, was undergoing conservative care, had undergone fusion, had received therapy and continued to have SI pain. An opinion with pain management is appropriate for a possible SI joint injection, since the claimant does meet the criteria above.