

Case Number:	CM15-0102043		
Date Assigned:	06/05/2015	Date of Injury:	08/28/2002
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old female, who sustained an industrial injury on 08/28/2002. According to a progress report dated 04/21/2015, the injured worker was seen for back pain and leg pain. She had low back pain since her injury in 2002. Pain was made better with heat, medications and a TENs unit. Bilateral sacroiliac joint injections performed on 04/16/2013 were beneficial and gave her improvement in function and reduction in pain. Current medications included Prilosec, Senna, Tramadol, Lodine, Morphine Sulfate ER, Thermacare heat wrap, fish oil, milk thistle and multivitamins. Diagnosis was long term use of medications not elsewhere classified. Formal requests for authorization included bilateral sacroiliac joint injection, arthrogram, fluoroscopic guidance and intravenous sedation, psychology consult and 6 follow up visits with the psychologist. Prescriptions included Tramadol, Morphine Sulfate ER and Thermacare heat wrap. The provider noted that the injured worker had long-standing low back pain, left leg pain and weakness. She had decreased sensation in the right S1. She had difficulty doing the motor function testing secondary breakaway weakness and was having a flare up. She was reluctant to try to stand without using her hands or doing the toe walk because her back was currently flared up. She had increased suicidal thoughts. She had never attempted suicide and there was no intent or plan. She had no history of treatment and the provider felt that she would benefit from seeing a psychologist and from cognitive behavioral therapy. The injured worker was permanent and stationary. Currently under review is the request for bilateral sacroiliac joint injection with fluoroscopic guidance and intravenous sedation and bilateral sacroiliac joint arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint injection with fluoroscopic guidance and 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), Criteria for the use of sacroiliac blocks.

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.

Decision rationale: SI Joint blocks are recommended by the ODG with the following limitations: the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), diagnostic evaluation must first address any other possible pain generators, the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Blocks are performed under fluoroscopy and a positive diagnostic response must be recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 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. In this case, the provided records show minimal objective evidence of findings to support the request, and the findings are unilateral. The patient appears to have benefited from prior injections, and therefore SI joint injections may be a valid option in this case, but further evidence of the need for bilateral injections must be documented to support the request. Therefore, at this time, the request is not considered medically necessary.

Bilateral SI 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), Arthrography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip MRI.

Decision rationale: MRI/MRA is recommended in cases of acute injury as a next step after x-rays when suspicion is high for fracture, etc. In this case, there is no clear indication of worsening symptoms or objective clinical findings that warrant arthrogram imaging, particularly as the request for SI joint injections bilaterally is not warranted. There are not bilateral findings on exam in the provided documents that warrant this level of imaging. Therefore, the request is not considered medically necessary at this time.

