

Case Number:	CM15-0104223		
Date Assigned:	06/08/2015	Date of Injury:	11/15/2012
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female patient who sustained an industrial injury on 11/15/2012. The accident was described as while working as a clinical nurse she was struck by an automobile in the parking lot. An emergency initial assessment reported subjective complaint of left knee and left ankle pain. She was evaluated given Norco 10/325mg for the pain. A magnetic resonance imaging study done on 11/15/2012 showed an unremarkable study. Additionally, a radiography study of the lumbar spine revealed multilevel degenerative spondylosis which was minimally changed from compared study of 04/11/2012. The assessment found the patient with: lumbosacral myoligamentous strain/sprain with annular tear L3-4, disc bulge and mild to moderate degenerative joint disease per MRI on 05/29/2012.; automobile versus pedestrian accident, aggravation of lumbar spine pain as well as cervical spine injury, left knee, left hip, and left ankle. Left knee fracture and medial meniscal tear, left hip injury with possible labral tear; left ankle injury; status post left knee arthroscopy 12/2013; status post facet joint injections L3-S1 12/06/2013; multifactorial left leg pain with gait disorder; new onset and maintenance insomnia, and anxiety/depression. Of note, the patient is with history of two industrial injuries; first 04/09/2012 for lumbar spine strain/sprain and second on 11/15/2012 involving the left hip, left knee, left ankle, lumbar spine and head. A recent orthopedic follow up visit dated 04/28/2015 reported the patient temporarily totally disabled until 06/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint block with arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac injections.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. The history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for Left sacroiliac joint block with arthrogram is not medically necessary.