

Case Number:	CM15-0130143		
Date Assigned:	07/16/2015	Date of Injury:	04/30/1998
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71-year-old female, who sustained an industrial injury on April 30, 1998. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included TENS unit, home exercises, injections and urine drug screens. Currently, the injured worker complains of low back pain with tingling and numbness to both legs. She reports decreased range of motion in her lower back and is progressively getting worse. She rates her pain at 9 on 10. The pain is exacerbated by standing on uneven surfaces and rising from a seated position. She also reports pain over her buttocks bilaterally that radiates to her thighs associated with numbness and tingling. The pain is exacerbated by standing on uneven surfaces, climbing stairs and rising from a seated position. The injured worker is diagnosed with lumbar sprain-strain, lumbar paraspinal muscle spasms-disc herniation, lumbar radiculitis-radiculopathy of lower extremities, sacroiliitis of bilateral sacroiliac joint and chronic pain. Work status was not addressed in the documentation. A note dated 5/27/15 states the injured worker experienced limited improvement in pain symptoms with the TENS unit. The note also states the injured worker is experiencing difficulty engaging in activities of daily living. A note dated April 1, 2015 states the injured worker experienced a 65% improvement in symptoms (weakness, tingling and numbness and pain) from the injections. Due to the efficacy experienced by the injured worker from previous injections, a bilateral sacroiliac joint injection under fluoroscopic guidance is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac joint injection under 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).

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 Chapter under SI joint injections.

Decision rationale: The patient presents with low back pain. The request is for BILATERAL SACROILIAC JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE. The request for authorization is not provided. Patient received 65% improvement after the first RIGHT sacroiliac joint injection performed on 07/09/14, and the first LEFT sacroiliac joint injection performed on 07/16/14. Decrease in pain has sustained for the past weeks, but now pain has retrogressed. Objective findings reveal weakness along with tingling and numbness in RIGHT leg are progressive as patient complains of experiencing severity of these symptoms while climbing stairs, long walks, daily activities and performing home exercise program. Home exercise implies stretching back and legs to improve flexibility. The patient is also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust demonstrated severely positive. Limited range of motion of the lumbar spine. Deep palpation over lumbar spinous process at levels L2, L3 and L4 reproduced severe pain radiating to corresponding dermatome in bilateral legs. Pain is at the level 9/10 most of the time specifically sitting on hard surfaces with radiation to the thigh. Patient has had limited improvement with TENS unit. Patient further states experiencing pain over bilateral buttock radiating to posterior and lateral aspect of bilateral thigh. Patient's medications include Tizanidine, Celebrex, Compound Creams and Terocin Patches. Patient's work status is not provided. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." *Diagnosis: *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)." Criteria for the use of sacroiliac blocks: 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. In this case, the patient has trialed aggressive conservative treatments but continues with pain. Per progress report dated 05/27/15, objective findings reveal the patient is suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. Positive exam findings include Gaenslen's test, Patrick Fabre test and sacroiliac joint thrust. ODG guidelines recommend repeat blocks provided >70% pain relief for 6 weeks is obtained. Per progress report dated 04/01/15, treater states, "Patient received 65% improvement after the first RIGHT sacroiliac joint injection performed on 07/09/14, and

the first LEFT sacroiliac joint injection performed on 07/16/14." The patient had pain relief for more than 6 weeks, however, the pain reduction of 65% fails to meet ODG requirement for a repeat injection. There is no documentation of functional improvement or reduction of medication use following the prior SI joint injections either. Therefore, the request IS NOT medically necessary.