

Case Number:	CM15-0132893		
Date Assigned:	07/21/2015	Date of Injury:	02/19/1999
Decision Date:	08/18/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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: California

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:

This 57-year-old female sustained an industrial injury to the low back on 2/19/99. Previous treatment included physical therapy, chiropractic therapy, right sacroiliac joint block (2/23/15), epidural steroid injections, lumbar orthotic and medications. Electromyography of bilateral lower extremities (2/13/15) was normal. Magnetic resonance imaging lumbar spine (7/8/14) showed mild disc degenerative changes from L3-S1 with disc herniation at L3-4. In an orthopedic spine evaluation dated 5/19/15, the physician noted that the injured worker's whole leg went numb and the injured worker was unable to walk following sacroiliac joint block with 0% pain relief and positive results not lasting. The physician was recommending right sacroiliac joint fusion. In an orthopedic spine follow up dated 6/16/15, the injured worker complained of right gluteal pain and right posterior superior iliac spine pain rated 8/10 on the visual analog scale. Physical exam was remarkable for right posterior superior iliac spine tenderness to palpation and positive bilateral sacroiliac joint stress tests. Current diagnoses included idiopathic low back pain, lumbar spine herniated nucleus pulposus, right sacroiliac joint syndrome and pain dysfunction syndrome of the sacroiliac joints. The treatment plan included x-rays of the pelvis and lumbar spine, using ice packs and a right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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: Hip & pelvis - Sacroiliac Joint 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 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 and 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 available documentation provides evidence that a previous recent sacroiliac joint injection was done (exact date unknown), in which the injured worker reported no pain relief. Due to the previous injection not being efficacious, the request for right sacroiliac joint injection under fluoroscopic guidance is not medically necessary.