

Case Number:	CM15-0134423		
Date Assigned:	07/22/2015	Date of Injury:	06/05/2003
Decision Date:	08/20/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/12/2015

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 53 year old male, who sustained an industrial injury on June 5, 2003. The injured worker was diagnosed as having status post lumbar burst fracture, status post lumbar discectomy and fusion, lumbar annular tear, lumbar disc degeneration, lumbar radiculopathy and left sacroiliac joint dysfunction. Treatment to date has included multiple surgeries, therapy and medication. A progress note dated June 9, 2015 provides the injured worker complains of low back pain radiating to left hip and thigh with numbness. He rates the pain 5/10 with medication and 7-9/10 without medication. Physical exam notes lumbar and left sacroiliac joint tenderness. X-rays and magnetic resonance imaging (MRI) were reviewed. The plan includes sacroiliac joint block, cognitive behavioral therapy (CBT), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Hip and pelvis chapter, 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) Low Back Chapter under SI joint injections.

Decision rationale: This patient presents with low back pain radiating to left hip and thigh with numbness. The current request is for a Left sacroiliac joint block. The RFA is dated 06/08/15. Treatment to date has included multiple surgeries (most recent being in 2013 for lumbar hardware removal), therapy and medication. The patient remains off work. 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)." Per report 06/09/15, the patient presents with of low back pain radiating to left hip and thigh with numbness. Examination revealed palpable tenderness over the left L5-S1 paraspinal region and tenderness to palpation over the left sacroiliac joint. The treater recommends a left sacroiliac joint block to confirm his pain generator. He reported that physical examination finding are consistent with left sacroiliac joint dysfunction, with noted tenderness and positive Fortin's, posterior thigh thrust, and pelvic distraction tests on the left. In this case, the treater has provided three positive exam findings indicative of SI joint pathology, and there is no indication of prior injection. The ODG criteria for an SI joint injection has been met. Therefore, the request IS medically necessary.