

Case Number:	CM15-0139814		
Date Assigned:	07/29/2015	Date of Injury:	07/25/2011
Decision Date:	08/27/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: Emergency 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 63 year old female who sustained an industrial injury on 7-25-2011. Injuries have resulted from cumulative trauma. She has reported back pain and has been diagnosed with spinal cord stimulator, failed back surgery syndrome, lumbar degenerative disc disease with radiculopathy, sacroiliitis, and myofascial spasm. Treatment has included medications, physical therapy, spinal cord, stimulator, injections, home exercise program, massage, aqua therapy, and yoga. She is stable with her spinal cord stimulator. She also takes her Percocet. She tapered herself down to three times daily so she had a few extra for another week or so. She also continued to take her gabapentin which helped tremendously; however she has had side effects. The treatment plan included medications, injection, physical therapy, monitoring status post the left SI joint radiofrequency ablation, and follow up. The treatment request included a SI joint medial branch block at right L5-S1, S1-S2, and S2-S3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint medial branch block at right L5-S1, S1-S2, S2-S3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The requested Sacroiliac joint medial branch block at right L5-S1, S1-S2, S2-S3, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 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." The injured worker has back pain and has been diagnosed with spinal cord stimulator, failed back surgery syndrome, lumbar degenerative disc disease with radiculopathy, sacroiliitis, and myofascial spasm. Treatment has included medications, physical therapy, spinal cord, stimulator, injections, home exercise program, massage, aqua therapy, and yoga and SI joint RFA. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, Sacroiliac joint medial branch block at right L5-S1, S1-S2, S2-S3 is not medically necessary.