

Case Number:	CM15-0142319		
Date Assigned:	08/03/2015	Date of Injury:	10/02/2001
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 52 year old female, who sustained an industrial injury, October 2, 2001. The injured worker previously received the following treatments physical therapy, Cymbalta, Ibuprofen, Lyrica and Omeprazole, right ankle MRI, EMG and NCS (electro diagnostic studies and nerve conduction studies) which showed prolongation of the right medial and lateral planter latencies. The injured worker was diagnosed with status post L5 fusion, status post right ankle sprain, right tarsal tunnel syndrome, status post tarsal tunnel release, right planter fasciitis syndrome, Achilles tendon injury, painful gait, antalgic gait, derangement of joint ankle and foot, thoracic and lumbar neuritis and Radiculopathy and abnormal muscle tendon fascial. According to progress note of May 18, 2015, the injured worker's chief complaint was right ankle and foot. The injured worker was ambulating with full weight bearing status. The physical exam noted deep tendon reflexes for the Achilles and patellar tendon are 2 out of 4 bilaterally. The continuation had painful symptoms regarding that planter fascia pain of the right foot. The continuation had severe planter fasciitis pain regarding the right foot. The treatment plan included sacroiliac joint blocks without cortisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac Joint Blocks without Cortisone: Overturned

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 chapter.

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 claimant has a remote history of a work injury occurring in October 2001 and continues to be treated for worsening back pain. Treatments have included a multilevel lumbar fusion including at L5-S1. When seen, diagnostic hardware blocks had been negative. There was bilateral lower lumbar and sacroiliac joint tenderness. There was decreased left lower extremity sensation. Sacroiliac joint testing was performed. Posterior thigh thrust and Fortin tests were positive bilaterally. Pelvic distraction and compression testing was positive on the left side only. Authorization for diagnostic sacroiliac joint blocks was requested. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the claimant has a history of a multilevel fusion including to the sacrum. This would be a predisposing factor to developing sacroiliac joint mediated pain. She has bilateral symptoms with positive sacroiliac joint testing as described above. Her surgery was done in September 2007 and she has subsequently undergone extensive conservative treatments. The requested sacroiliac joint blocks are appropriate and can be considered medically necessary.