

Case Number:	CM15-0145923		
Date Assigned:	08/06/2015	Date of Injury:	07/25/1996
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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:

The injured worker is a 70 year old female who sustained an industrial injury on 7-25-96 to the lower back (per Utilization Review). The mechanism of injury was unclear. She currently complains of pain in the left buttocks, lower leg and foot with a pain level of 7 out of 10; mild midline upper thoracolumbar back pain, hips thigh pain. On physical exam the straight leg raise was negative bilaterally; bilateral sacroiliac joint tenderness on palpation; mild tenderness to palpation about the L2-L4 level. Medications were Methadone, hydrocodone, Effexor, alprazolam. Industrial diagnoses include status post L4-5 discectomy (2000); failed back syndrome with left lower extremity radiculopathy; depression; multifactorial L2-3 spinal stenosis; bilateral sacroiliac joint arthropathy. Treatments to date include prior epidural steroid injections; medication management; physical therapy; nerve blocks; transcutaneous electrical nerve stimulator unit; acupuncture; psychiatric evaluation; biofeedback and surgery. Diagnostics include x-ray of the sacroiliac joints reveals mild bilateral degenerative changes; MRI of the lumbosacral spine (4-22-09) show multifactorial central canal stenosis at L2-3, disc protrusion. In the progress note dated 6-4-15 the treating provider's plan of care included a request for bilateral sacroiliac joint injections for differential diagnosis of pain problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Injection, outpatient, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 only clinical findings are tenderness over the left SI joint, with radiation down the left leg. Straight leg test was negative. There are limited clinical findings to approve the request for left SI Joint injections. The request for left sacroiliac joint injection, outpatient, Qty 1 is determined to not be medically necessary.

Right Sacroiliac Joint Injection, outpatient, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 only clinical finding is tenderness over the right SI joint. There is no radiation and the straight leg test was negative. There are limited clinical findings to approve the request for right SI Joint injections. The request for right sacroiliac joint injection, outpatient, Qty 1 is determined to not be medically necessary.