

Case Number:	CM15-0146710		
Date Assigned:	08/07/2015	Date of Injury:	05/06/2014
Decision Date:	09/04/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/28/2015

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 is a 29 year old male who sustained an industrial injury on 5-6-14. Diagnoses are sprain sacroiliac-bilateral, sprain lumbosacral, and chronic pain not elsewhere classified. In a doctors first report of occupational injury or illness dated 7-1-15, the physician notes pain in the low back is constant with occasional radiation of pain to the calves. Average pain is rated at 4 out of 10. He performs activities of daily living, but has had to restrict employment due to pain. He is not on any medications. His gait is antalgic. Range of motion is decreased throughout the lumbar spine in all planes due to pain. There is tenderness to palpation throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms. There is point tenderness of the sacroiliac joints and gluteal areas reproducing pain in the low back bilaterally. Motor strength is decreased throughout the proximal lower extremities due to pain and decreased effort. Decreased range of motion throughout the hips due to pain is noted. An MRI of the lumbar spine reveals mild multilevel degenerative disc changes and facet arthropathy with mild neural foraminal narrowing without stenosis. He is complaining of pain over the right and left sacroiliac joint-gluteal area. Work status is noted as modified work with specific restrictions. The treatment plan is cortisone injection to the SI joint ligaments under ultrasound guidance and once he has some pain relief from the SI injections, then he may benefit from an aqua therapy program. The requested treatment is 1 right and left SI ligament injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right and left SI ligament injection under ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work-related injury in May 2014 and is being treated for low back pain after lifting a heavy door onto his shoulder. Treatments have included physical therapy, spine injections, and medications. When seen, his BMI was over 33. There was an antalgic gait. Patrick's, Fabere, and Gaenslen tests were positive. There was an antalgic gait without assistive device. There was lumbar tenderness with decreased range of motion and spasms and sacroiliac joint and gluteal tenderness. A diagnostic left sacroiliac joint injection done with Xylocaine on 10/02/14 had been positive. 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 the treatment or therapeutic phase, the procedure should be repeated only as necessary and should be limited to a maximum of four times for local anesthetic and steroid blocks over a period of one year. In this case, the claimant has undergone a positive diagnostic left sacroiliac joint injection. Corticosteroid injection of the sacroiliac joint has not been performed. The current requesting provider documents sacroiliac joint tenderness and three positive sacroiliac joint tests bilaterally. The criteria are met and the requested sacroiliac joint injections are medically necessary.