

Case Number:	CM15-0147236		
Date Assigned:	08/10/2015	Date of Injury:	06/06/2003
Decision Date:	09/10/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/29/2015

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 59-year-old female, who sustained an industrial injury on 6-06-2003. Diagnoses include lumbago. Treatment to date has included medications including ibuprofen, Wasabi hot cream, flouri-mathane spray and ethyl chloride spray. Per the Primary Treating Physician's Progress Report dated 4-24-2015, the injured worker reported continued low back pain. Pain is located in the left lower lumbosacral area, midline of the lower back and the right lower back areas and is unchanged. She also reported hip pain. Physical examination revealed tenderness at the lumbar spine and facet joints with decreased flexion, extension and lateral bending. The plan of care included medications and injections and authorization was requested for sacroiliac joint injections (bilateral triple blocks) and ibuprofen 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral triple blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis (Acute & Chronic) 2014.

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 chronic low back pain. The current request is for 1 Bilateral triple blocks. The Request for Authorization was not provided in the medical file. Treatment to date has included medications including ibuprofen, Wasabi hot cream, flouromethane spray and ethyl chloride spray and Toradol injections. The patient is not working. 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)." Criteria for the use of sacroiliac blocks: 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. According to progress, report 12/30/14, the patient presents with low back pain that shoots down both legs, hips, buttocks, and trochanteric bursa. The patient would like to consider injections. Examination on this date revealed tenderness in the lower back and facet joint with crepitus and decreased ROM. Tenderness was noted in the bilateral sacroiliac joint with positive Patrick's test bilaterally. Under treatment, plan the treater states "recommended bilateral SI joint triple block." In this case, the treater has not documented more than three positive diagnostic tests to meet SI joint dysfunction criteria as stated above. ODG guidelines require 3 positive exam findings in order to proceed with SI joint injection. In addition, the request is for "triple block" and ODG suggests frequency for repeat blocks to be "2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks." This request does not meet ODG guidelines criteria; therefore, the request is not medically necessary.