

Case Number:	CM15-0148280		
Date Assigned:	08/12/2015	Date of Injury:	10/16/2006
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 10-16-06. Initial complaints were not reviewed. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis unspecified; post laminectomy syndrome lumbar; lumbar radiculopathy; status post fusion lumbar spine; depression; medicine related dyspepsia; chronic pain; Vitamin D deficiency. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-26-15 indicated the injured worker presented for a follow-up for pain medicine and re-examination. He complains of neck pain that radiates down the bilateral upper extremities and aggravated by activity and walking. He complains of low back pain that radiates down the bilateral lower extremities left greater than right. The pain radiates to the bilateral hips and to the bilateral feet. His pain is accompanied by muscle weakness frequently in the bilateral lower extremities and aggravated by walking standing and activity. Lower extremity pain is bilaterally in the hips and toe pain. He also complains of ongoing headaches, insomnia associated with ongoing pain. He reports pain from head to toes rated at 9 out of 10 on average with medications and 10-10 without medications. The provider documents the injured worker is a status post Hardware block on 9-30-14 and reports moderate overall improvement of 20-50%. He reports good functional improvement for mobility and the duration of this block was one week. He reports the use of opioid medication and sleep aid medications are helpful. The provider notes that bilateral sacroiliac injections have been denied. On physical examination the provider documents the injured worker uses a cane for ambulation with a slow gait. He has spasm noted at L3-L5 with tenderness on palpation in the spinal vertebral area of L4-S1. His

range of motion is moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Motor strength showed a decreased strength of the extensor muscles along L4-S1 dermatomes in the bilateral lower extremities. Straight leg raise at 90 degrees sitting position is negative bilaterally. Testing for the sacroiliac joint dysfunction revealed a bilateral Faber Patrick test, positive bilateral Gaenslen's test and pelvic compression test that was positive bilaterally. He has tenderness on palpation of the bilateral hips. His treatment plan included a home exercise program to be continued as well as his current medications regime. He recommended he follow-up with his surgeon for possible consideration of removal of hardware. The provider is requesting authorization of Bilateral sacroiliac joint injection with local anesthetic and steroid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection with local anesthetic and steroid: 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 & Pelvis - 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) sacroiliac joint injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states sacroiliac joint injections are indicated when there has been failure of 6-8 weeks of aggressive conservative treatment and the physical exam has clear findings that the SI joint is the source of the pain. The provided medical records do not meet these criteria and therefore the request is not medically necessary.