

Case Number:	CM15-0164908		
Date Assigned:	09/02/2015	Date of Injury:	07/19/2007
Decision Date:	10/05/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/21/2015

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 is a 57 year old female who sustained an industrial injury on July 19, 2007. A neurosurgical follow up dated August 20, 2015 reported objective assessment of incision well healed to the lumbar spine. She has moderate pain to palpation at the lumbosacral spine to include the bilateral sacroiliac area. There is as positive Faber's and compression testing; positive straight leg raise on the right at 45 degrees. The following diagnoses were applied: status post lumbar fusion at L3-4 and L4-5, and lumbar disc displacement at L5-S1. The plan of care noted referral to pain management for epidural injections and possible addition sacroiliac injections. Follow up dated June 15, 2015 reported the working with a history of L3-L5 lumbar fusion with symptoms of right sided L5 radiculopathy. There is noted unchanged subjective and objective data. The plan of care noted recommendation and suggestion of epidural injections however; she wants to continue with sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Right Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Criteria for the use of sacroiliac 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 injury in July 2007 and underwent a multilevel lumbar fusion and L5-S1 disc replacement in January 2014. A right sacroiliac joint injection was done in February 2015 with a reported temporary improvement in symptoms. Recent treatments have included participation in a functional restoration program. When seen there had been a worsening of symptoms after a recent fall. She was requesting another set of sacroiliac joint injections. Physical examination findings included lumbar spine and bilateral sacroiliac joint tenderness. Straight leg raising was positive on the right side. A subsequent note documents positive Fabere and compression testing. Epidural steroid injections were considered with the claimant indicating that she wanted to continue with sacroiliac joint injections. 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. Criteria for a repeat injection include greater than 70% pain relief for 6 weeks from previous injections. In this case, the degree and duration of pain relief from the injection performed in February 2015 is not documented. There is no current documentation of three positive sacroiliac joint tests. The above criteria are not met and the requested repeat sacroiliac joint injection is not medically necessary.