

Case Number:	CM15-0167131		
Date Assigned:	09/04/2015	Date of Injury:	03/13/2006
Decision Date:	10/08/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 50 year old female who reported an industrial injury on 3-13-2006. Her diagnoses, and or impression, were noted to include: sacroiliac joint arthropathy; lumbar facet arthropathy; lumbosacral annular tear; myofascial pain; chronic radiculopathies; and lumbosacral disc herniation (old). No current imaging studies were noted. Her treatments were noted to include: diagnostic magnetic resonance imaging studies; three-level injection therapy; two-level sacroiliac joint injections on 7-27-2015; and medication management with toxicology screenings. The progress notes of 6-2-2015 reported continued complaints back and abdominal pain. Objective findings were noted to include: no acute distress with a pain level of 8 out of 10; and positive Patrick's test with positive compression test on the right back, and positive right straight leg raise. The physician's requests for treatments were noted to include sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Sacroiliac Joint Injection x 2 one week apart: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint injections.

Decision rationale: ACOEM Guidelines report that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." The ODG recommends the following for SI joint injections: Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 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 PT, home exercise and medication management. 4. Blocks are performed under fluoroscopy. (Hansen, 2003)5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. 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 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. 8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these 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 patient has received prior SI joint injection. The medical records fails to demonstrate the recommended 70% pain improvement for 6 weeks. Also, during the therapeutic phase, repeat blocks are not recommended more often than every 2 months. The request here is in excess of the guidelines. As such, the request for Additional sacroiliac joint injection x 2 one week apart is not medically necessary.