

Case Number:	CM15-0181103		
Date Assigned:	09/21/2015	Date of Injury:	11/02/2011
Decision Date:	10/23/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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: Preventive Medicine, Occupational Medicine

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 58 year old man sustained an industrial injury on 11-2-2011. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain-strain, thoracolumbar sprain-strain, lumbar burst fracture with surgical repair, possible adjacent level disease at L3-L4, pelvic fracture with significant residuals, bilateral lower extremity fractures with surgical repair, left lower extremity neurologic deficit of unknown etiology, left sider sacroiliitis, and facet arthrosis at L4-L5 with annular tear at L4-L5 and L5-S1. Treatment has included oral medications and pain management specialist. Physician notes dated 7-16-2015 show complaints of ongoing low back pain with radiation to the bilateral lower extremities and increased intensity in the bilateral buttocks. The physical examination shows focal tenderness from L4 through S1 as well as at the superior iliac crest, tenderness along the facet joints and the left sacroiliac joint, positive Gaenslen's FABER test, and pelvic compression, and pain with extension. Recommendations include left sacroiliac block, possible facet blocks in a staged fashion, and follow up in four to six weeks. Utilization Review denied a request for left sacroiliac block citing diagnostic evaluation must first address any other pain generators and the history should be consistent with the diagnosis including three positive examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side SI joint block: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter/Sacroiliac Joint Blocks Section.

Decision rationale: The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. 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 physical therapy, home exercise and medication management. 4) blocks are performed under fluoroscopy. 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and 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 phase the suggested frequency for repeat blocks is 2 months or longer 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, transforaminal epidural steroid injection, facet joint injection or medial branch block. 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and 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 available documentation does not provide evidence of addressing other possible pain generators prior to attempting an SI joint injection. The request for left side SI joint block is determined to not be medically necessary.