

Case Number:	CM15-0181705		
Date Assigned:	09/22/2015	Date of Injury:	04/14/1958
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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 injury on 3-20-12 resulting when she fell on a carpet. A review of the medical records indicate the diagnoses are chronic pain due to trauma; chronic pain syndrome; lumbago; sacroiliitis not elsewhere classified; morbid obesity and lumbosacral spondylosis without myelopathy. Diagnostic testing included X-rays and MRI lumbar spine, X-rays left knee. Medications were Tylenol, Aleve, Tramadol, Baclofen, Ibuprofen and Norco. Treatment included medication, knee brace, physical therapy (16 sessions) massage therapy, sacroiliac injections and knee surgery. The current progress report on 8-17-15 indicates she has intermittent pain and achiness into her legs, bilateral lower back and knee pain. She states her left hand issues are back to pre-injection and the back issues are predominant and she needs evaluation and treatment. The records report she had diagnostic branch blocks on the left side and were carried out with equivocal response and subsequently she underwent left sacroiliac joint injection in March 2015 which resulted in significant improvement and were repeated in April. She was treated with sacroiliac joint injections. Her major problem is low back pain near sacroiliac joint that has not improved and is made worse with sitting, standing and walking; denies back stiffness and back spasms. She reports pain relief from the right SI joint injection in April lasted until mid-July 2015 and had at least 75 percent relief for approximately 2 months and had similar relief with the previous sacroiliac joint injection on the left side. She continues to have right and left knee pain and was no longer on narcotics. Her back pain was rated 7 out of 10 and her functionality is worse. The treatment plan included repeat sacroiliac joint injections on the right and left sides under fluoroscopy guidance. Utilization review 8-26-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection under fluoroscopy: Overturned

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.

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 March 2012 when she fell on a carpet. Treatments include a repeat left sacroiliac joint injection done on 03/10/15. A prior left sacroiliac joint injection in September 2014 provided a decrease in pain by 75% with discontinuation of Tramadol. On 04/27/15 she underwent a right sacroiliac joint injection with 75% pain relief lasting for two months and had been able to discontinue use of Norco. The claimant is unable to take NSAID medication due to a history of gastric bypass surgery. When seen, she was having bilateral low back pain near the sacroiliac joints. Pain was rated at 2-7/10. She was having left lower extremity radiating pain with coldness, numbness, and tingling of the toes and cramping. Physical examination findings included a body mass index of over 42 there was bilateral sacroiliac joint tenderness with positive Fabere, compression, and Gaenslen testing. She had an antalgic gait favoring the left lower extremity. Authorization for repeat sacroiliac joint injections is being requested. 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 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 claimant has undergone prior sacroiliac joint injections with greater than 70% pain relief lasting for several months and including being able to discontinue opioid medications. The above criteria are met and the requested sacroiliac joint injections are considered medically necessary.