

Case Number:	CM15-0186920		
Date Assigned:	09/28/2015	Date of Injury:	12/19/1990
Decision Date:	11/06/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/22/2015

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:

This is a 68 year old female with a date of injury on 12-19-1990. A review of the medical records indicates that the injured worker is undergoing treatment for sacroiliac joint dysfunction, arthrodesis L4 through sacrum, degenerative disc disease above the fusion and mild spinal stenosis and mild facet arthrosis at L2-3 and L3-4. Medical records (5-8-2015 and 7-21-2015) indicate ongoing bilateral buttock pain, right worse than left and right leg pain. The physical exam (7-21-2015) revealed a regular stance, but an antalgic gait on the right. Sacroiliac joint exam was positive bilaterally more on the right than the left for tenderness over the PSIS, thigh thrust, lateral leg lift, shear test and FABER test. Treatment has included multiple sacroiliac joint blocks (last in July 2012), physical therapy and medications. Current medications (7-21-2015) included Celebrex, Tylenol, Mylanta and Cyclobenzaprine. The request for authorization dated 8-3-2015 was for sacroiliac joint block. The original Utilization Review (UR) (9-18-2015) denied a request for a sacroiliac joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One S1 (Sacroiliac) joint block: 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 & Pelvis (Acute & Chronic): Sacroiliac Injections, therapeutic 2015.

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 has a remote history of a work injury in December 1990 and has a history of a multilevel lumbar fusion including to the sacrum. When seen, multiple sacroiliac joint blocks had been performed with lasting pain relief. The last injection had been performed in July 2012 and had lasted until April 2015. Physical examination findings included positive Fabere, thigh thrust, lateral shear, and lateral leg lift tests with bilateral psis tenderness. The right side was more affected. Prior treatments have included physical therapy with failure due to exacerbation of her symptoms. Repeat sacroiliac joint blocks are 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 a maximum of four times for local anesthetic and steroid blocks over a period of one year. In this case, the claimant has undergone prior sacroiliac joint injections with reported sustained pain relief lasting for nearly three years after the last procedure performed. There are more than three positive sacroiliac joint tests that are positive and her history of lumbar fusion would be a risk factor for sacroiliac joint mediated pain. The request is medically necessary.