

Case Number:	CM15-0190008		
Date Assigned:	10/02/2015	Date of Injury:	05/23/2001
Decision Date:	11/09/2015	UR Denial Date:	09/06/2015
Priority:	Standard	Application Received:	09/28/2015

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 73-year-old female with a date of industrial injury 5-23-2001. The medical records indicated the injured worker (IW) was treated for sacroiliac joint dysfunction and status post spinal fusion. In the progress notes (8-21-15), the IW reported chronic low back pain that radiated down the right lower extremity. The provider described the IW as having "moderate to severe pain limiting activities of daily living, work duties and recreational activities". On 7-9-15, she complained of bilateral hip pain. She was taking Valium, Flexeril, Celebrex and Percocet. She was status post lumbar spine fusion. On examination (8-21-15 notes), there were no abnormalities documented for the musculoskeletal and neurological exams. Treatments included rest, bracing, pain management and sacroiliac joint injections. X-rays (8-21-15) showed subtle anterolisthesis at L2-3 and previous L3 to S1 fusion. The treating provider planned bilateral sacroiliac joint injections for diagnostic purposes. A Request for Authorization was received for one sacroiliac injection. The Utilization Review on 9-6-15 non-certified the request for one sacroiliac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI (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 (ODG), Sacroiliac joint injections (SJI); Hip & Pelvis Chapter - Sacroiliac joint blocks; ODG 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 has a remote history of a work injury occurring in May 2001 when she was hit by a heavy metal door at work. She was seen on 08/21/15. Treatments had included a lumbar fusion from L3 to S1 in May 2013 and a lumbar fusion at L2-3 with exploration at L3-L5 on 06/24/15. When seen, she was overall stable and improving. She had previously undergone sacroiliac joint injections. She was having low back pain radiating into the right lower extremity. No abnormal physical examination findings were recorded. Authorization for sacroiliac joint injections was requested. On the same day, she was evaluated for physical therapy. She needed a home exercise program. Therapy was planned 2-3 times per week for six weeks. 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 block 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 was less than 3 months status post surgery and was beginning physical therapy on the same day. There is no positive sacroiliac joint physical examination findings recorded. Her response to prior sacroiliac joint injection procedures as well as when these were performed relative to her surgeries is not documented. For any of these reasons, the request is not medically necessary.