

Case Number:	CM15-0193124		
Date Assigned:	10/07/2015	Date of Injury:	10/06/2005
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial-work injury on 10-6-05. She reported initial complaints of lumbar pain and lower extremity pain. The injured worker was diagnosed as having lumbosacral disc degeneration. Treatment to date has included medication and diagnostics. X-rays were reported on 4-13-15 noted L2-3 and L3-4 discogenic degenerative disease. Currently, the injured worker complains of continued lower extremity pain as well as pain in the lumbar region extending into the S1 joint region. Per the primary physician's progress report (PR-2) on 9-14-15, exam noted lower extremity motor strength at 5 out of 5 throughout all muscle groups with exception of quadriceps, which is diminished at 4 to 4- out of 5, right worse than left. Sensory exam with noted changes in the L3-4 dermatome, both femoral stretch test, positive pain on Faber, right side worse than left. Current plan of care includes injection. The Request for Authorization requested service to include Outpatient Bilateral Sacroiliac Joint Injection with Anesthetic Block on The Right Side. The Utilization Review on 9-24-15 denied the request for Outpatient Bilateral Sacroiliac Joint Injection with Anesthetic Block on The Right Side, per Official Disability Guidelines (ODG), SI Blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Bilateral Sacroiliac Joint Injection with Anaesthetic Block on The Right Side:
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), SI 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 Chapter, SI Joint, pages 263-264.

Decision rationale: ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the diagnostic gold standard as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks questioning validity. There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not clearly defined symptom complaints, documented specific clinical findings or met the guidelines criteria with ADL limitations, failed conservative treatment trials, or functional improvement from treatment previously rendered for this chronic injury. The Outpatient Bilateral Sacroiliac Joint Injection with Anaesthetic Block on The Right Side is not medically necessary and appropriate.