

Case Number:	CM15-0207513		
Date Assigned:	10/26/2015	Date of Injury:	02/10/2014
Decision Date:	12/14/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 41 year old male, who sustained an industrial injury on 2-10-14. The injured worker was diagnosed as having lumbar sprain-strain; lumbar paraspinal spasm; lumbar disc herniation; severe right sacroiliac joint inflammation, progressive. Treatment to date has included physical therapy; acupuncture; right L5-S1 transforaminal cannulation lumbar epidural space, contrast study right L5-S1, epidurogram (9-16-15); medications. Diagnostics studies included MRI lumbar spine (3-25-15). Currently, the PR-2 notes dated 9-11-15 indicated the injured worker "has a right S1 radiculopathy due to right L5-S1 disc herniation." The provider continues with documentation, "We requested a right L5-S1 decompression and discectomy for persistent right S1 radicular symptoms despite epidural injection, pain medications and therapy as well as symptoms greater than one year. Surgery was denied. The patient now has increased right lower extremity numbness, tingling or weakness and is now starting to have left buttock and left lower extremity pain." The provider reviews a lumbar spine MRI dated 3-25-15 showing "at L5-S1 and demonstrated a 2mm disc bulge extending into both foramina with small right foraminal osteophytes arising from the L5 interior end plate. There is a small component of extrusion migration; migration seems to be limited below the S1 superior end plate in the left peroneal position. No central canal or foraminal stenosis, mild to moderate on the right." The injured worker was scheduled and completed the procedure for a right L5-S1 transforaminal cannulation lumbar epidural space, contrast study right L5-S1, epidurogram on 9-16-15. The provider is now requesting "the sacroiliac joint injection due to the injured worker's signs and symptoms that matches the right sacroiliac joint inflammation including the Patrick-FABERE

test, positive Gaenslen's sign, positive sacroiliac thrust test, positive sciatic tenderness." The PR-2 note dated 8-26-15 indicates the injured worker was denied surgery for a lumbar decompression and discectomy. However, he has been authorized for a lumbar epidural steroid injection. "The patient is still having considerable amount of pain in his lower back with radiation to the right leg and numbness." The provider continues documentation under "Discussion" noting "The patient had his MRI most recently, which continued to show evidence of disc herniation. The surgery has been denied and therefore I have requested he undergo the epidural injections as soon as possible to avoid continued delay and treatment for this neurologic issue. This patient will most likely require surgery, if his epidural injections fail to resolve this problem and he is now a year-and-a-half from this injury." A Request for Authorization is dated 10-21-15. A Utilization Review letter is dated 10-16-15 and non-certification for Right sacroiliac joint injection under fluoroscopic guidance. A request for authorization has been received for Right sacroiliac joint injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection under fluoroscopic guidance: 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 & Pelvis Chapter - Sacroiliac Joint 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, sacroiliac joint blocks.

Decision rationale: The MTUS is silent on the use of sacroiliac joint injections. Per ODG TWC with regard to sacroiliac joint injections: "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below." Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
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 PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy. (Hansen, 2003)
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. 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 or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, 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 (ESI), transforaminal ESI, facet joint injection or medial branch block.
9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. Per progress report dated 9/30/15, the injured worker underwent his first epidural steroid injection two weeks prior, which

provided some relief of pain approximately 60%. However, he still had significant right lower extremity radiculopathy and continued numbness. The documentation submitted for review did not contain 3 positive exam findings suggesting the diagnosis of SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). As the criteria was not met, the request is not medically necessary.