

Case Number:	CM15-0208523		
Date Assigned:	10/27/2015	Date of Injury:	09/24/2013
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28 year old male, who sustained an industrial injury on 9-24-13. Medical records indicate that the injured worker is undergoing treatment for a lumbar sprain-strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis-radiculopathy of the left lower extremity, sacroiliitis of the left joint and chronic pain. The injured worker was to working with modified duties. A progress report dated 6-11-15 notes that the injured worker had a sacroiliac joint injection four week prior with 50% improvement. On (9-16-15) the injured worker complained of increased lumbar spine pain, which radiated to the left lower extremity. The pain was rated 8 out of 10 with medications on the visual analog scale. The injured worker also noted difficulty with sleeping. Objective findings were unchanged from the prior visit. Treatment and evaluation to date has included medications, urine drug screen, physical therapy, acupuncture treatments, psychiatric consultation, chiropractic treatments, home exercise program and sacroiliac joint injection (5-6-15). The Request for Authorization dated 9-16-15 is for a second left sacroiliac joint injection. The Utilization Review documentation dated 9-23-15 non-certified the request for a second left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac Joint Injection # 2: 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), Hip and Pelvis (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter/Sacroiliac Joint Blocks Section.

Decision rationale: The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include; 1) History and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. 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 physical therapy, home exercise and medication management. 4) Blocks are performed under fluoroscopy. 5) A positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and 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 phase the suggested frequency for repeat blocks is 2 months or longer 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, transforaminal epidural steroid injection, facet joint injection or medial branch block. 9) In treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. In this case, the injured worker has had a previous SI joint injection without the required amount of pain relief to continue with a second injection. The request for left sacroiliac joint injection #2 is not medically necessary.