

Case Number:	CM15-0209658		
Date Assigned:	10/28/2015	Date of Injury:	07/07/1999
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/26/2015

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 52 year old male with an industrial injury date of 07-07-1999. Medical record review indicates he is being treated for lumbosacral radiculitis, spinal stenosis lumbar region, myofascial pain syndrome, lumbosacral facet arthropathy and trochanteric bursitis. Subjective complaints (09-17-2015) included low back pain radiating to both buttocks and to the back of both thighs. Other complaints included right hip pain. The pain is described as sharp and throbbing and is constant 50-100% of the time. The injured worker underwent bilateral trochanteric bursa injection and reported 50% pain relief lasting up to 1 week. The treating physician indicated the pain gradually increased in intensity and returned to base line level. The injured worker was requesting another injection "because it was helpful in the past." Current medications (09-17-2015) included Mentherm, Tramadol HCL and Naproxen. Prior treatments included TENS, lumbar transforaminal epidural injection, chiropractic, bilateral trochanteric bursa injection and medications. Physical exam (09-17-2015) noted extension of lumbar spine limited to 10 degrees. Tenderness and trigger points were revealed on exam. Lumbar facet loading was positive on both sides. There was "significant" tenderness over facet joints on both sides at lumbar 4-sacral 1 level. There was no tenderness over sacroiliac joints. There was "significant" tenderness over both trochanters with multiple trigger points over both ilio-tibial bands. Ober's was positive on both sides. On 09-30-2015 the request for right sacroiliac joint injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI 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).

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. The documentation submitted for review did not contain 3 positive exam findings (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).) suggesting the diagnosis of SI joint dysfunction. Per progress note dated 7/15/15, it was noted: "There is no tenderness over Sacroiliac Joints. Pelvic compression test is negative. Gaenslen's and FABER test are negative on both sides." As the criteria was not met, the request is not medically necessary.