

Case Number:	CM15-0021173		
Date Assigned:	02/10/2015	Date of Injury:	12/07/2011
Decision Date:	03/31/2015	UR Denial Date:	01/25/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old male, who sustained an industrial injury on December 7, 2011. He has reported back pain with radiating pain and numbness to the lower extremities and bilateral feet. The diagnoses have included mild sleep disorder, urologic problems, sexual dysfunction and bladder dysfunction. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, urology consultations, conservative therapies, medications and work restrictions. Currently, the IW complains of back pain with radiating pain and numbness to the lower extremities and bilateral feet, sleep disturbances and sexual dysfunction. The injured worker reported an industrial injury in 2011, resulting in the above described pain as well as sleep disturbances and sexual dysfunction. Evaluation on June 5, 2013, revealed continued pain, sleep disturbances and sexual dysfunction. It was noted post-operatively, the injured worker was unable to void and required a Foley catheter. Evaluation on July 24, 2013, revealed continued symptoms. On January 16, 2015, evaluation revealed continued pain rated at an 8 on a 1-10 scale without medications. On January 25, 2015, Utilization Review non-certified a request for bilateral sacroiliac joint block, right side then one (1) month later left side, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 28, 2015, the injured worker submitted an application for IMR for review of requested bilateral sacroiliac joint block, right side then one (1) month later left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint block, right side then one (1) month later left side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 611. Decision based on Non-MTUS Citation Official Disability Guidelines (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 ODG Sacroiliac injections

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for right Bilateral sacroiliac joint block, right side then one (1) month later left side is not medically necessary.