

Case Number:	CM15-0211469		
Date Assigned:	10/30/2015	Date of Injury:	09/08/2014
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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 54 year old male, who sustained an industrial injury on September 8, 2014, incurring upper and lower back, right hip and bilateral shoulder injuries. He was diagnosed with a cervical sprain, lumbar sprain, lumbar degenerative disc disease, and bilateral shoulder impingement syndrome. Treatment included anti-inflammatory drugs, topical analgesic creams, cortisone injections to his shoulders, and activity restrictions. Currently, the injured worker complained of sharp intense pain and muscle spasms in his right hip and lower back. He was issued light duty at his work. X rays of the hip revealed arthritis and a Magnetic Resonance Imaging showed a right hip ligament tear. He noted decreased range of motion of the lumbosacral spine. He noted radicular pain down into the right lower leg. He had right hip pain with restricted motion. A lumbar Magnetic Resonance Imaging revealed multilevel degenerative disc disease and disc herniation on the nerve root. Treatment included a back support, topical gel, physical therapy and anti-inflammatory drugs. The treatment plan that was requested for authorization included a right sacroiliac joint injection under fluoroscopic guidance. On October 20, 2015, a request for a right sacroiliac joint injection was denied by utilization review.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 10/5/15, Patrick-Fabere test was positive on the right side, sacroiliac thrust test was positive on the right side, Yeoman test was positive on the right side, there was referred back pain with FABER and Yeoman test bilaterally. Sciatic nerve root tension test as well as sciatic notch tenderness was positive on the right. Bowstring sign was positive on the right. I respectfully disagree with the UR physician's assertion that the medical records did not include evidence of a right SI joint injury. The request is medically necessary.