

Case Number:	CM15-0214887		
Date Assigned:	11/04/2015	Date of Injury:	10/01/2003
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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: Emergency 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:

This is a 60 year old male with a date of injury on 10-1-03. A review of the medical records indicates that the injured worker is undergoing treatment for lower back, right knee and foot injury. Progress report dated 9-10-15 reports continued complaints of neck pain that radiates into the right trapezius, rated 4 out of 10 with medication and 6 out of 10 without medication. He has complaints of lower back pain radiating into the bilateral buttocks with numbness down the right anterior and posterior thigh through the shin, calf and foot. The pain is rated 4-5 out of 10 and 5-7 out of 10 without medication. Physical exam: he walks with an antalgic gait favoring the left lower extremity, uses a single point cane and right AFO brace, lumbar range of motion is decreased, SI joint provocative testing - positive fortins sign, positive posterior thigh thrust, positive pelvic compression. CT of lumbar spine 8-13-15 revealed moderate to severe chronic degenerative spina canal stenosis, no hardware loosening or fracture and sclerosis of bilateral sacroiliac joints. Request for authorization dated 9-10-15 was made for right sacroiliac joint block with arthrogram. Utilization review dated 10-2-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint block with arthrogram: Overturned

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 (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The requested Right sacroiliac joint block with arthrogram, is medically necessary. CA MTUS is silent. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has neck pain that radiates into the right trapezius, rated 4 out of 10 with medication and 6 out of 10 without medication. He has complaints of lower back pain radiating into the bilateral buttocks with numbness down the right anterior and posterior thigh through the shin, calf and foot. The pain is rated 4-5 out of 10 and 5-7 out of 10 without medication. Physical exam: he walks with an antalgic gait favoring the left lower extremity, uses a single point cane and right AFO brace, lumbar range of motion is decreased, SI joint provocative testing - positive Fortin's sign, positive posterior thigh thrust, positive pelvic compression. CT of lumbar spine 8-13-15 revealed moderate to severe chronic degenerative spina canal stenosis, no hardware loosening or fracture and sclerosis of bilateral sacroiliac joints. The treating physician has documented failed conservative treatments and positive exam and diagnostic evidence of SI joint disease. The criteria noted above having been met, Right sacroiliac joint block with arthrogram is medically necessary.