

Case Number:	CM15-0219236		
Date Assigned:	11/12/2015	Date of Injury:	10/13/2010
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/06/2015

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 59 year old male, who sustained an industrial injury on 10-13-10. The injured worker was diagnosed as having right sacroiliitis; lumbosacral sprain. Treatment to date has included bilateral sacroiliac joint injections (9-8-15); medications. Currently, the PR-2 notes dated 10-3-15 indicated the injured worker was seen in this office for a follow-up visit. The provider documents "He has a diagnosis of right sacroiliitis. He reports he did have a right sacroiliac joint injection about a month ago and had about a 75% improvement of his pain." The provider documents a physical examination that includes there is a 1+ lumbar paraspinous muscle spasm with tenderness to palpation of these muscles. Straight leg raise in seated and supine bilaterally were negative. He has negative Faber's sign; Gaenslen's and thigh thrust signs. The provider's treatment plan notes "At this point in time, we will see how [the injured worker] does after his injection. If the pain returns, we will have a second and final injection with Marcaine only. If that relieves his pain, he might be a candidate for right SI joint fusion." A Request for Authorization is dated 11-6-15. A Utilization Review letter is dated 11-5-15 and non-certification for Second right S1 joint injection. A request for authorization has been received for Second right S1 joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second right S1 joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM New Spine Chapter, page 26.

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 the medical records submitted for review it was noted that the injured worker underwent R SIJ injection 9/8/15. Per progress note dated 10/3/15, it was noted that the injured worker had about 75% improvement of his pain over the right SI joint. The criteria calls for >70% pain relief for 6 weeks. There was no documentation of the duration of pain relief. As the criteria was not met, the request is not medically necessary.