

Case Number:	CM15-0219329		
Date Assigned:	11/12/2015	Date of Injury:	10/05/2011
Decision Date:	12/29/2015	UR Denial Date:	10/05/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 31 year old female, who sustained an industrial injury on 10-05-2011. A review of the medical records indicates that the worker is undergoing treatment for lumbar and lumbosacral degenerative disc disease, lumbosacral spondylolysis, greater trochanteric pain syndrome, myofascial pain syndrome and sacroiliitis. Treatment has included Tramadol, Neurontin, Norco, physical therapy and sacroiliac joint injections. X-rays of the bilateral hips from an unknown date were noted to show some mild joint space narrowing at the bilateral hips. On 06-17-2015, the worker reported 7-8 out of 10 low back pain and hip. The physician noted that the worker had a previous sacroiliac joint injection, which the worker had reported had helped her and wanted to repeat the injection; however, there is no documentation to support efficacy of the injection. Objective findings showed positive right sided FABER's test, Fortin's fingers test and Gaenslen's test, weakly positive right Ober's test, tenderness to palpation of the right greater trochanteric bursa and a slightly antalgic gait. The physician noted that the worker was having a recurrence of sacroiliitis and greater trochanteric bursitis and recommended a repeat sacroiliac joint injection and greater trochanteric bursa injection due to resolution of pain with prior injection in 2014. Subjective complaints (09-22-2015) included low back, leg, hip and buttock pain. Documentation shows that the worker underwent a right greater trochanteric bursa injection the day prior with pain score listed as 8 out of 10 before the procedure, 8 out of 10 immediately following the procedure, 8-9 out of 10 at rest and during activity. The physician noted that the worker had 0% relief and was not seeing an improvement in daily activities. Objective findings (09-22-2015) were documented to reveal a clean, dry and intact surgical site

and reports of substantially worse pain after injection with no demonstrable deficits, normal gait and strength and no warmth or erythema noted at the surgical site. The physician advised the worker that if she developed increasing redness, warmth or discharge from the surgical site or progressive neurological deficit she should go to the emergency room. The physician noted that future treatment strategies including authorization for the sacroiliac joint would be discussed during a follow up visit the next month. A utilization review dated 10-05-2015 non-certified a request for 1 right sacroiliac joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right sacroiliac joint block injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for 1 Right sacroiliac joint block injection, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. In addition, 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. Within the documentation available for review, there is indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and but not failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it is unclear whether all other possible pain generators have been addressed. Finally, there is no documentation of at least 6 weeks with at least > 70% pain relief from the last injection. In the absence of clarity regarding these issues, the currently requested 1 Right sacroiliac joint block injection is not medically necessary.