

Case Number:	CM15-0221122		
Date Assigned:	11/16/2015	Date of Injury:	04/01/2014
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/10/2015

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 33 year old male, who sustained an industrial injury on 4-1-14. Medical records indicate that the injured worker is undergoing treatment for left sacroiliitis currently flared and chronic back pain. The injured worker is currently working with modified duties. On (9-15-15) the injured worker complained of ongoing sacroiliac joint symptoms. Objective findings revealed lumbar motion to be normal. There was tenderness at the left sacroiliac joint. The pain was increased in this location with lumbar extension. Sacroiliac joint compression signs were positive. There was no neurological impairment in either lower extremity. Treatment and evaluation to date has included medications, MRI of the lumbar spine, left sacroiliac joint injection done on 7-2-14 with good relief but pain returned by 8-4-14, physical therapy and chiropractic treatments. The injured worker was noted to have good benefit from the first sacroiliac joint injection (undated). Current medications were not provided. The Request for Authorization dated 9-15-15 is for a left sacroiliac joint injection under ultrasound guidance. The Utilization Review documentation dated 10-22-15 non-certified the request for a left sacroiliac joint injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac block injection under ultrasound guided: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for Left sacroiliac block injection under ultrasound guided, 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 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. Within the documentation available for review, there is no recent indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. Additionally, it is unclear whether all other possible pain generators have been addressed. Finally, there is no documentation of at least 70% pain relief for 6 weeks from the prior injection. As such, the currently requested Left sacroiliac block injection under ultrasound guided are not medically necessary.