MAXIMUS Federal Services

Case Number:	CM15-0042572		
Date Assigned:	03/12/2015	Date of Injury:	08/27/1999
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/06/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56-year-old male, who sustained an industrial injury on 8/27/1999. He has reported being pinned between a two to three thousand pound box and the floor. The diagnoses have included sacral/sacroiliac disorder, low back pain, post laminectomy syndrome, and degeneration of lumbar disc. He is status post Transforaminal Lumbar Interbody Fusion (TLIF) L3 fusion 2001 and right total hip replacement 2012. Treatment to date has included medication therapy, physical therapy, and home exercises with history of spinal nerve root blocks and previous sacroiliac joint injection. Currently, the IW complains of increased low back and bilateral hip pain with lower right extremity tingling, numbness, and weakness. Pain was rated 6-7/10 VAS. The physical examination from 2/3/15 documented muscle guarding in lumbar spine, positive bilateral straight leg test and positive Patrick/Gaenslen's test. The plan of care included bilateral sacroiliac injections under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Diagnostic sacroiliac joint injection x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, page 300, invasice techniques. Official Disability Guidelines (ODG) Hip & pelvis Chapter.

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 claimant has a remote history of a work-related injury and continues treatment for chronic low back pain. Treatments have included a multilevel lumbar spine fusion. When seen by the requesting provider, straight leg raising was positive bilaterally at 30 degrees. Gaenslen and Patrick tests were positive bilaterally. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In the treatment or therapeutic phase, the procedure should be repeated only as necessary and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. In this case, the claimant has a history of a multilevel lumbar fusion to the sacrum and a diagnosis of sacroiliac joint arthropathy. Sacroiliac joint fusion surgery is being considered. The requesting provider, however, documents only two positive sacroiliac joint tests by physical examination. Therefore, the above criteria are not medication and the requested bilateral sacroiliac joint injections are not medically necessary.