

<b>Case Number:</b>	CM15-0045038		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old female, who sustained a work related injury on 11/17/11. She had her left foot get caught underneath a mat that was carrying a dolphin weighing approximately 600 pounds. The diagnoses have included complex regional pain syndrome bilateral feet and left lower reflex sympathetic dystrophy. Treatments to date have included a nerve block with some benefit, medications, heat, physical therapy which aggravated symptoms, aqua therapy which helped with the strength in left foot and nasal Ketamine for severe pain. In the PR-2 dated 1/29/15, the injured worker complains of left foot pain that radiates up leg to knee. She has constant burning in left foot. She rates the pain a 5-7/10. She states that standing, walking, pressure and movement of her toes makes pain worse. She has color changes and atrophy in left foot. She has limited range of motion in left foot and ankle. She has difficult toe movement on left foot. She has had a nerve block in the past which she states reduced her hypersensitivity and increased her range of motion. It caused her back pain for over one month so she has not attempted any more injections. The treatment plan is to schedule injured worker for left sciatic nerve block, physical therapy, refill medications and a referral to pain psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac Joint Injection and Bier Block: 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 & Pelvis Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter, Sacroiliac Joint Injection.

**Decision rationale:** The patient presents with ankle and knee pain. The current request is for Left Sacroiliac Joint Injection with Bier Block. The treating physician report dated 1/19/15 (B10) was modified on 2/6/15 and stated, Diagnosis: CRPS. Currently her right foot continues to have constant burning though less on the right side. She continues to have color changes, muscle atrophy as well. Her pain ranges from 5-7/10. She had nerve block, in Feb-March 2012, which she noted reduced her hypersensitivity and increased her ROM, however it caused back pain for about 1 month. Pan: Pain Management, Procedure: left sciatic nerve block scheduled. The MTUS guidelines do not address sacroiliac joint injections so the ODG guidelines are used. The criteria for the use of sacroiliac blocks state that the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. The criteria also indications that the patient has had and failed 4-6 weeks of aggressive conservative therapy, In this case, the treating physician has not documented the diagnosis in either the patient history or in the physical examination. The progress report does not mention or reference the Sacroiliac Joint or any physical exam findings required for consideration of S/I joint injection. The treating physician also does not document any aggressive conservative therapy being completed. The current request is not medically necessary and the recommendation is for denial.