

Case Number:	CM14-0115532		
Date Assigned:	09/16/2014	Date of Injury:	05/25/2010
Decision Date:	10/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

63 year old male injured worker has a date of injury 5/25/10 with related cervical and lumbar pain. Per progress report dated 6/12/14, the injured worker complained of back pain radiating to his lower right extremity, as well as neck pain and stiffness radiating to the bilateral trapezial area. Per physical exam, there was tenderness about the lower lumbar paravertebral musculature. There was tenderness of the posterior cervical and right trapezius with active spasm on the right. Treatment to date has included trigger thumb releases, carpal tunnel release, injections, physical therapy, and medication management. The date of UR decision was 7/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac (SI) injection to bilateral under U/S guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Hip & Pelvis

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 maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.

The documentation submitted for review did not contain 3 positive exam findings (Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH).) suggesting the diagnosis of SI joint dysfunction. Additionally, the previously administered SI joint injection provided 50% reduction in pain lasting over a week, however the criteria calls for >70% pain relief for 6 weeks. Furthermore, the ODG dictates that the procedure must be done under fluoro; the request is under ultrasound. As the criteria were not met, the request is not medically necessary. Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.