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| Case Number: | CM14-0115721 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 03/27/2007 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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 Occupational 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:

Injured worker is a female with date of injury 3/27/2007. Per pain management follow up note dated 6/27/2014, the injured worker is a female who has a history of chronic right shoulder pain following a lifting injury. Since July 2010 she has been experiencing burning sensation on lateral and anterior aspect of the right thigh. She also complained of sharp shooting and pins and needles sensation in the same area. MRI showed disk protrusion at L2-3 and L3-4 levels. She reports in February 2014 she received an SI procedure which did not provide relief, however "the doctor missed". She reports in August 2013 that bilateral sacroiliac joint injection was very effective. Despite the use of pain medications her pain remains at 7-8/10 without periods of minimal or no pain. On examination she appears to be in moderate to severe discomfort with pain behavior present. Right shoulder has minimal abduction, forward flexion, and posterior flexion with pain. There is an obvious scar at the very top of the right shoulder. She has diminished ability to flex her right elbow. Muscle mass is diminished in the left calf. Straight leg raise is positive on the left at 45 degrees. SI joint tenderness is present on the left side. Ganslen's is positive, Faber's is positive, compression test is positive, and distraction test is positive. Spine extension is restricted and painful. There was diminished sensation to touch in the distribution of lateral femoral cutaneous nerve on the right thigh side. Diagnoses include 1) chronic pain syndrome 2) neuralgia paresthetic 3) disc displacement with radiculitis, lumbar 4) complex regional pain syndrome type I of the upper limb 5) pain in joint, shoulder region 6) dietary surveillance and counseling 7) obesity, unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left-Side Sacroiliac Injection under fluoroscopy guidance QTY: 2: 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) - Treatment in Workers' Compensation (TWC) Hip & Pelvis Procedure Summary last updated 3/25/14

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 Joint Blocks section.

Decision rationale: The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacro iliac blocks include 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings 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 physical therapy, home exercise and medication management 4) blocks are performed under fluoroscopy 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and 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 phase the suggested frequency for repeat bloxks is 2 months or longer 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, transforaminal epidural steroid injection, facet joint injection or medial branch block 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria dn the seould be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. Per the requesting provider, the injured worker is suffering from chronic left low back and hip pain secondary to lumbar disc disc displacement and SI joint arthritis. This condition is further complicated by her inability to exercise due to pain and obesity. February 2014 bilateral sacroiliac joint injection resulted in decreased pain by 40%. August 2013 bilateral sacroiliac joint injection resulted in decreased pain by 60%. Medical necessity for this request has not been established within the recommendations of the ODG. The request for Repeat Left-Side Sacroiliac Injection under fluoroscopy guidance QTY: 2 is determined to not be medically necessary.