

Case Number:	CM14-0122155		
Date Assigned:	08/06/2014	Date of Injury:	08/06/2012
Decision Date:	10/08/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/01/2014

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 Management and is licensed to practice in Florida. 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:

The injured worker is 73-year-old male who reported an injury on 08/06/2012. While on the job walking up a set of concrete steps below a water tower he caught his foot on the top step and fell forward, landed on his right shoulder and right hip. Past treatments were medications, physical therapy, chiropractic therapy, trigger point injections, 2 lumbar epidural steroid injections, and a radiofrequency ablation. Diagnostic studies were an MRI of the lumbar spine, EMG, and x-rays. Surgical history was surgery on the left ulnar nerve entrapment, and left carpal tunnel release. Physical examination on 06/16/2014 revealed the injured worker had a right sacroiliac joint injection on 05/30/2014 and feels better. The injured worker increased Neurontin to 600 mg, but reported that it caused him too much dizziness. Examination revealed straight leg raise was negative, tenderness over the right sacroiliac joint, and decreased sensation in the right foot. Medications were Neurontin. The treatment plan was for a future S1 sacroiliac joint injection and topical ointment. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI (Sacroiliac) Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The decision for right SI (sacroiliac) joint injection is not medically necessary. The Official Disability Guidelines state sacroiliac joint blocks are recommended as an option if failed at least 4 to 6 weeks of aggressive conservative therapy as indicated. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make, as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin, and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. The medical guidelines have set forth criteria for the use of a sacroiliac block. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The injured worker has had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Blocks are performed under fluoroscopy. A positive diagnostic response is recorded at 80 percent of the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks, with at least greater than 70 percent pain relief recorded for this period. 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 a greater than 70 percent pain relief is obtained for 6 weeks. 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. In the treatment or therapeutic phase, the interventional procedure should be repeated only as necessary judging by the medical necessity criteria, and should be limited to maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. Conservative therapy including physical therapy, home exercise and medication management were not reported as failed. The medical guidelines state specific tests for motion, palpation, and pain provocation have been described for SI joint dysfunction, cranial shear tests, extension tests, 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, restricted abduction test, sacroiliac shear test, standing flexion test, seated flexion test, thigh thrust test. Imaging studies are not helpful. The provider did not perform any of the above specialty testings. Therefore, this request is not medically necessary.