

Case Number:	CM14-0126058		
Date Assigned:	09/26/2014	Date of Injury:	04/21/2008
Decision Date:	10/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 a 58-year-old male with a reported injury on 04/21/2008. The mechanism of injury was continuous trauma. The injured worker's past treatments included medications, physical therapy, nonsteroidal anti inflammatories, trigger point injections, joint injections, iliopsoas tendon sheath injection, chiropractic care, lumbar epidural steroid injections, and a left sacroiliac joint injection on 06/26/2014. The injured worker's diagnostic testing, include multiple x-rays and MRIs, the most recent being an MRI of the lumbar spine on 12/17/2013, which revealed severe degenerative changes and an extruded disc at L4-5. A postsurgical x-ray on 05/28/2014 showed no sign of hardware malfunction within the fusion, healing well. The injured worker's previous surgeries included surgeries to hands, hips, knees, shoulders, and cervical spine fusion. On 05/19/2014 the injured worker had an anterior lumbar interbody fusion at L4-5 with posterior laminectomy at the L4-5 level. The injured worker was scheduled for a left hip replacement on 08/26/2014, but it is unclear whether or not that has happened. The injured worker was evaluated postoperatively on 06/26/2014. The injured worker stated he had noticed improvements since the surgery, but continued to have pain which was quite debilitating when standing and walking for long periods of time. Sitting and lying were tolerable, and most of his pain was about the left side of his low back. The injured worker denied any radiation down into his legs at that time, but did state that he had some numbness in his left foot. The clinician observed and reported that both the anterior and posterior incisions had healed well, and there was no sign of infection. There was tenderness to palpation about the left sacroiliac joint. A diagnostic ultrasound and steroid injection into the left sacroiliac joint where there was noted inflammation were performed. The injured worker's medications included Soma 350 mg 3 times per day, suboxone 8/2 mg sublingual film 1 film every 48 hours sublingually, omeprazole 20 mg once daily, Celexa 20 mg once daily, Lunesta 2 mg at bedtime, and Naprosyn 250 mg twice per day. The request was for an ultrasound guided left sacroiliac joint injection. The rationale for the

request is for the treatment of lumbar spinal stenosis. The Request for Authorization form was submitted on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

US guided L S1 Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Section:Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 06/10/2014); regarding a sacroiliac joint injection Official Disability Guidelines; Section: Hip & Pelvis (Acute & Chronic) (updated 03/25/2014); Criteria for use of sacroiliac block

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

Decision rationale: The request for US guided L S1 Joint Injection is not medically necessary. The injured worker continued to complain of pain which was quite debilitating when standing and walking for long periods of time. The Official Disability Guidelines recommended sacroiliac joint blocks as an option upon failure of at least 4 to 6 weeks of aggressive conservative therapy and certain criteria are met. The first criterion is that the history and physical should suggest a diagnosis with documentation of at least 3 positive exam findings. The accepted positive exam findings include cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Gillett's test, Patrick's test, pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion test, seated flexion test, and thigh thrust test. Imaging studies are not helpful. The physical examination on 06/26/2014 did not indicate the results of any of these tests. Therefore, the request for US guided L S1 Joint Injection is not medically necessary.