

Case Number:	CM14-0126117		
Date Assigned:	09/16/2014	Date of Injury:	05/04/2008
Decision Date:	10/30/2014	UR Denial Date:	07/22/2014
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 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:

According to the provided documents, this is a 39-year-old man who was injured on 5/4/2008. He had a previous lumbar fusion in July 2007 and was doing well after surgery until he fell at work, after that he got an L4-5 disc replacement. He has had chronic low back pain ever since. The pain management report from 6/11/14 includes a history of low back pain, right greater than left that radiates from the low back into the right buttock down to the mid-calf. There is numbness and tingling at the top of the right foot. No weakness. He has being treated in the [REDACTED] until a few months ago. He has since moved. There is a follow-up update from 6/11/14 that indicates that the patient had bilateral L3/4 and L4/5 facet injections on 5/27/14 without pain relief. Previously the patient had been started on Gralise but he had side effects. There have been trials of a variety of medications. He has had transcutaneous electrical nerve stimulation (TENS). His last physical therapy was in 2009 and it did not help. Objectively no neurologic deficits were documented, palpation to the back noted there is tenderness over the mid upper lumbar facets and right sacroiliac joint. There are no positive sacroiliac joint maneuvers noted. There is no notation of negative FABER and Stinchfield test. Impression was bilateral sacral iliac joint dysfunction, right greater than left, lumbar spondylosis, failed back surgical syndrome, and chronic pain syndrome. The report states since the facet joint injections did not help that the patient may benefit from bilateral sacroiliac joint injection. The patient was advised to do a home exercise program. A 5/21/14 report from the same provider stated that Lyrica and Cymbalta had been denied by workers compensation. There is a 1/6/14 report from the current requesting provider which appears to be the initial evaluation by this provider. The report indicated that he had tried several Oxycontin in the past and has recently been on Lyrica, Percocet and Cymbalta. He had not filled any prescriptions since 8/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability guidelines Hip & Pelvis Chapter: Sacroiliac joint blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back , sacroiliac joint injections; hip and pelvis, sacroiliac joint blocks

Decision rationale: MTUS chronic pain guidelines are silent on use of sacroiliac joint injections. ACOEM guidelines, addresses invasive techniques for the back such as local or facet joint injections of cortisone and lidocaine. It is stated that they are of questionable merit. There is no specific mention of sacroiliac joint injections. Official Disability Guidelines (ODG) does address sacroiliac joint injections and there are several criteria that are recommends to be met. Two of the main ones are that there should have been an aggressive course of physical therapy (PT) for 4 to 6 weeks, which is not documented here. The last PT was in 2009 and at that time it was unlikely that it was directed at the sacroiliac joints. Additionally, ODG states that physical exam and history should suggest the diagnosis with documentation of at least 3 positive exam findings. The list of positive exam tests is lengthy and includes the FABER test mentioned in the report as being negative. There is no mention of any of the other positive provocative SI joint test on examination. Therefore, based upon the evidence and the guidelines, this request is not medically necessary.