

Case Number:	CM14-0130271		
Date Assigned:	08/20/2014	Date of Injury:	07/31/2011
Decision Date:	09/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 records made available for review, this is a 45-year-old female with a 7/31/11 date of injury. At the time (7/16/14) of request for authorization for diagnostic bilateral SI (sacroiliac) joint block with contrast; low back, there is documentation of subjective (lower back pain, pain throughout the lower back and traveling posteriorly through both legs to the feet with associated numbness, pain rated 7/10) and objective (tenderness along the dorsal axial midline, lumbar facets bilaterally, posterior superior iliac spines, decreased sensation to light touch throughout the entire right leg, positive thigh thrust on the right, tenderness to palpation at bilateral trochanteric bursa) findings, current diagnoses (chronic low back pain, bilateral sacroiliitis), and treatment to date (physical therapy, chiropractic, medications, epidural injection, and sacroiliac joint injections x 3 (last one done 5/27/14). 7/2/14 medical report identifies the patient has had 3 sacroiliac joint blocks, the second gave 18 days of 50% relief, and third giving 2 days of relief. There is no documentation of at least >70% pain relief obtained for 6 weeks with prior sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral SI (Sacroiliac) joint block with contrast; low back: 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 and Pelvis, Sacroiliac joint blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation (ODG) Hip and Pelvis Chapter, Sacroiliac joint blocks.

Decision rationale: MTUS reference to ACOEM guidelines state that invasive techniques (such as sacroiliac joint injections) are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least 3 positive exam findings [such as: 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; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. In addition, ODG identifies documentation of at least >70% pain relief obtained for 6 weeks, that 2 months or longer have elapsed between each injection, as criteria necessary to support the medical necessity of a repeat SI joint injection. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and bilateral sacroilitis. In addition, there is documentation of three prior sacroiliac joint injections, last one done 5/27/14 with reported 2 days of relief. Furthermore, there is documentation that 2 months have elapsed with prior sacroiliac joint injection. However, there is no documentation of at least >70% pain relief obtained for 6 weeks with prior sacroiliac joint injection. Therefore, based on guidelines and a review of the evidence, the request for diagnostic bilateral SI (sacroiliac) joint block with contrast low back is not medically necessary.