

Case Number:	CM14-0131191		
Date Assigned:	08/20/2014	Date of Injury:	07/22/2011
Decision Date:	10/17/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Emergency 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:

Patient with reported date of injury on 7/22/2011. Mechanism of injury is described as progressive injury. Patient has a diagnosis of chronic back pain with L3-4 spondylosis, Sacroiliac joint pain, lumbago and lumbar facet arthropathy. Patient is post radio frequency ablation median branch of L L3, L4 and L5 on 4/6/12 and 5/25/12. Medical reports reviewed. Last report available until 7/3/14. Patient complains of low back pain. Pain is constant. Objective exam reveals antalgic gait, tenderness to low back. Range of motion of low back is limited. Extension worsens pain. Reflexes is normal. Straight leg raise bilaterally are normal. Strength is normal. Tenderness to bilateral sacroiliac joint and upper sacrum. Mild tenderness to bilateral lumbar facets. Negative piriformis test. Positive bilateral SI tenderness, Faber's and Sacroiliac thrust test. Xray of lumbar spine(3/4/14) revealed degenerative changes in L3-4 and 5mm of L4-5 spondylolisthesis. Levoscoliosis. MRI of Lumbar spine(11/21/11) revealed levoscoliosis, degenerative facet disease from L2-3 through L5-S1, grade 1 anterolisthesis of L4 on L5. L4-5 through L5-S1 degenerative disc disease. Mild-mod spinal stenosis and neuroforaminal stenosis. L3-4 and L4-5 annular fissures. Medications include Norco, Prilosec, Naproxen and Omeprazole. Patient has undergone physical therapy, TENS. Independent Medical Review is for Sacroiliac joint injection/block. Prior UR on 7/29/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injection/block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Ed. (Web), 2013, Hip & Pelvis Chapter, Sacroiliac Joint Block Criteria for use of Sacroiliac blocks

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>, <Sacroiliac Joint Blocks>

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any sections that deal with this topic. Official Disability Guidelines (ODG), recommend Sacroiliac (SI), joint blocks under certain guidelines. 1) 3 positive findings consistent with SI joint dysfunction. Patient is positive for bilateral SI joint tenderness, Faber's and SI thrust test. Meets criteria. 2) Diagnostic evaluation must address other pain generators. Does not meet criteria. Patient has lumbar pathology that is being treated. Lumbar pain may be primary source of pain and it has not yet been appropriately dealt with. 3) Aggressive conservative therapy for at least 4-6 weeks. Patient has undergone medications and at least 12 physical therapy sessions with no improvement but there is no documentation of when PT sessions were done and what response patient had. There is also a requirement for a comprehensive home exercise program. Does not meet criteria. Patient has yet to meet criteria needed to recommend SI joint block. Therefore the request for SI joint block is not medically necessary.