

Case Number:	CM14-0143432		
Date Assigned:	09/10/2014	Date of Injury:	04/10/2014
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 38-year-old female who reported an injury on 04/10/2014 when she slipped on some cut vines and fell directly on her right hip and leg, leading to pain within 24 hours. Diagnosis was low back pain, likely secondary to myofascial pain syndrome vs. bilateral SI joint dysfunctions, right greater than left. Past treatments were medications and physical therapy. Diagnostic studies were MRI of the lumbar spine on 06/26/2014 that revealed minimal degenerative joint disease L3-4, L4-5, and L5-S1. Small left neural foramina disc protrusion and herniation, L4-5 with neural foramina narrowing on the left, tiny posterior central annular tear at L3-4, tiny right neural foramina annular tear L5-S1. Minimal to mild disc desiccation and disc bulge L3-4 through L5-S1, the bone marrow abnormalities and no fracture. Surgical history was not reported. Physical examination on 07/17/2014 revealed complaints of low back pain that radiated to the bilateral buttocks. No medications were reported. Examination revealed normal muscle bulk and tone. Range of motion, bilateral upper extremities was normal. Bilateral lower extremity range of motion appeared to be antalgic and with give away secondary to pain. Range of motion on the lumbar spine, the injured worker was unable to forward flex past 30 degrees secondary to pain. The same applied to backward bending and side bending rotation. Upon palpation, there was tenderness throughout the soft tissue, as well as the superior bilateral SI joints, right greater than left, as well as bilateral L5-S1 facet joints. Neurologic exam revealed no focal deficits. Motor testing was 5/5 bilateral upper extremities, 4/5 bilateral lower extremities. Sensation was intact and symmetric with no deficits bilateral L2-S2 dermatomes. Deep tendon reflexes 2+ bilateral Achilles and patellar tendons. The injured worker was unable to perform the straight leg test due to guarding and pain anticipation. Treatment plan was for lumbar spine paraspinal muscle trigger point injections under ultrasound guidance. The rationale was not reported. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint anesthetic blocks/steroid injections under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis chapter, Sacroiliac joint 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: The decision for Bilateral SI joint anesthetic blocks/steroid injections under ultrasound guidance is not medically necessary. The Official Disability Guidelines state for sacroiliac joint blocks are recommended as an option if failed at least 4 to 6 weeks of aggressive conservative therapy as indicated below. 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). The criteria for the use of sacroiliac blocks are the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed); diagnostic evaluation must first address any other possible pain generators; the patient has had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management; the blocks are performed under fluoroscopy; a positive diagnostic response is recorded as 80% for 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% pain relief recorded for this period; in the treatment or therapeutic phase (after the stabilization is completed) the suggest frequency for repeat blocks is 2 months or longer between each injection, provided that at least greater than 70% 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 procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. Previous physical therapy sessions were not reported. Diagnostic evaluation must first address any other pain generators. It was not reported that the injured worker was participating in a home exercise program. The injured worker was not on any type of medication. The medical guidelines also state that specific tests for motion palpation and pain provocation should be documented such as cranial shear test, extension test, Flamingo test, Gaenslen's test, Patrick's test (fabere), pelvic compression test, pelvic rock test, sacroiliac shear test. There was no specialty testing reported. It was not documented that the injured worker had failed at least 4 to 6 weeks of aggressive conservative therapy. The clinical information submitted for review does not provide evidence to justify the request for Bilateral SI joint anesthetic blocks/steroid injections under ultrasound guidance. Therefore, this request is not medically necessary.

