

Case Number:	CM14-0164776		
Date Assigned:	10/09/2014	Date of Injury:	08/17/2011
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 Internal 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:

The injured worker is a 49 year-old woman who sustained an injury on August 17, 2011. The mechanism of injury was "a patient went to get off her lap and she hyperextended and felt pain in the right knee". She was diagnosed with right knee pain, right sciatica, and lateral cutaneous femoral nerve of the thigh compression syndrome. A request was made for a right sacroiliac joint injection. She is taking 240 Norco per month at this point in time. She is also on a 20 mcg Butrans patch. UDS dated July 29, 2014 was positive for Hydrocodone, Hydromorphone, and Fluoxetine. Progress note dated August 27, 2014 reports that the injured worker presents with complaints of severe right buttock pain, hip and leg pain. She was having burning, sharp, shooting pain down the front and back of her right leg, all the way down the calf. She was also having insomnia. She was unable to sit or stand for very long and constantly needed to change positions. She states that the Butrans patch and the Norco was not helping as much as they used to. The current industrial diagnoses include right knee internal derangement, status post right knee arthroscopy, retro-patellar chondroplasty and anterior synovectomy May 3, 2012, right knee pain, lateral cutaneous femoral nerve of thigh compression syndrome, right sciatica, and pain related insomnia. She continues to be in a flare up state and has been complaining of increased pain on her last few visits. Ultimately, the recommendation is for the injured worker to undergo the NESP-R Program for narcotic detoxification and pain control. There were no aggressive conservative treatments documented such as a comprehensive exercise program, icing, or non-steroidal anti-inflammatories noted. In the short term, her medications were to be adjusted. She was to start Nucynta 75 mg one every 6 hours #15. This is a trial to see if it is going to be effective. The patient was instructed not to take her Norco with the Nucynta. She will also start Percura, two twice a day for dysesthesias and paresthesias #120. She received a Toradol 60 mg

IV X 1 in the office. She will remain on Butrans patch, Temazepan, Lorazepam, Fluriflex compound ointment and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection with Re-evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back Chapter; Sacroiliac Joint Injection/Block

Decision rationale: The requested sacroiliac joint block/injection, according to the Official Disability Guidelines, is not medically necessary. Pursuant to the Official Disability Guidelines, sacroiliac joint blocks are recommended as an option if the injured worker fails 4 to 6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology including but not limited to 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). Pain may radiate into the buttocks, groin and entire ipsilateral lower limb, although if pain is present above L5 is not thought to be from the SI joint. There is limited research suggesting therapeutic blocks offer long-term treatment. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to the first as SI joint block. In this case, the injured worker presented for follow-up evaluation on August 27, 2014. The progress notes states the injured worker had a flare-up state and had been complaining of increased pain on her last few visits. The treating physician recommended a right sacroiliac joint and a right sciatic nerve block. The treating physician's plan was to first get a handle on her medication intake. The patient needs to undergo to the NESP-R program for narcotic detoxification and pain control. In the short term, the plan was to adjust her medical regimen. There was no evidence of aggressive conservative treatment including, but not limited to, a comprehensive exercise program, localized icing, mobilization/manipulation and no anti-inflammatory use. Additionally, pursuant to the Official Disability Guidelines, sacroiliac dysfunction is poorly defined and the diagnosis often difficult to make and the diagnosis may be confused with other entities based on local anatomy. Based on the clinical information in the medical record and the peer review, evidence-based guidelines sacroiliac joint injection/block is not medically necessary.