

Case Number:	CM14-0091538		
Date Assigned:	07/25/2014	Date of Injury:	09/18/1995
Decision Date:	10/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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 Family Practice and is licensed to practice in Texas and Missouri. 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 44 year old female with a reported date of injury on 09/18/1995. The diagnoses included status post lumbar fusion. The past treatments included pain medication, physical therapy, aquatic therapy and a TENS unit. There was no diagnostic imaging provided for review. The surgical history included Lumbar fusion at L3-L4, L4-5 and a revision of the surgery with hardware removal on 06/07/2011 at L3-S1 levels. The subjective complaints on 04/21/2014 consisted of moderate to severe back pain. The physical examination noted lumbar range of motion flexion was 30 degrees and extension was 30 degrees along with muscle spasms. The medications included Norco, Flexeril, Valium, Amitizia, and Nexium. The treatment plan was to order Sacroiliac Joint Block Bilaterally. The rationale was to determine etiology of her symptoms. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac Joint Block Bilaterally: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac joint blocks.

Decision rationale: The request for Sacroiliac Joint Block Bilaterally is not medically necessary. The Official Disability Guidelines state sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks are three positive physical exam findings that suggest a diagnosis of sacroiliac joint dysfunction, diagnostic evaluation must first address any other possible pain generators, and blocks are to be performed under fluoroscopy. The patient has chronic low back pain and history of lumbar fusion at L3-S1. The physical exam noted decreased lumbar range of motion along with muscle spasms. There was a lack of physical exam findings suggestive of sacroiliac joint dysfunction. Additionally, there was a lack of clear documentation that the injured worker had failed at least 4-6 weeks of aggressive conservative therapy. Furthermore, the request did not indicate if it would be performed under fluoroscopic guidance. As for the reasons listed above the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.