

Case Number:	CM14-0212685		
Date Assigned:	01/02/2015	Date of Injury:	04/25/2012
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 patient is a 47-year-old woman who sustained a work related injury on April 25, 2012. Subsequently, she developed chronic neck and low back pain. According to a progress report dated November 3, 2014, the patient complained of ongoing right sided low back pain located around the sacroiliac joint and radiating into the right posterior thigh to the calf, with a level of severity of 8/10 with medication and 9/10 without medication. The patient underwent a right sided L5-S1 selective nerve root block on August 11, 2014, without significant improvement in her symptoms. The patient also complained of neck pain radiating into the right arm, rated 8/10 with medication and 9/10 without. Examination of the lumbar spine and lower extremities revealed no appreciable swelling or gross atrophy of the paravertebral muscles. There was no evidence of scoliosis and there was normal lordosis. In palpation, there was palpable tenderness over the lumbar paravertebral muscles right greater than left, and over the midline lumbar spine. There was tenderness to palpation over the right sacroiliac joint. There was decreased sensation over the right L4 and L5 dermatome distribution. The range of motion was restricted by pain. Motor strength was 5/5 in all planes except for the extensor hallucis longus, right side. Straight leg raise was positive on the right at 80 degrees, negative on the left at 90 degrees. Positive Faber's and positive Fortin's on the right. Positive pelvic compression and distraction on the right. Positive thigh thrust on the right. x-rays of the lumbar spine dated March 20, 2014 showed mild disc space narrowing at L5-S1. MRI of the lumbar spine dated June 3, 2014 showed 2-3 mm central disc bulge encroaching on the epidural fat and mildly on the thecal sac without nerve root encroachment at L5-S1. The patient was diagnosed with cervical strain, right shoulder

impingement syndrome, L5-S1 displacement, right sacroiliac joint dysfunction, and cervical radiculopathy. The provider requested authorization for Right Sacroiliac Joint Block w/Arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Block with Arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Sacroiliac injections.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for right Sacroiliac Joint Injections is not medically necessary.