

Case Number:	CM14-0216898		
Date Assigned:	01/06/2015	Date of Injury:	10/22/2012
Decision Date:	03/05/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/26/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67-year-old male, with a reported date of injury of 10/22/2012. The result of the injury was low back pain, neck pain, and right knee pain. The current diagnoses include lumbar degenerative disc disease, chronic pain syndrome, lumbar radiculopathy, and sacroiliitis. The past diagnosis includes lumbar strain/sprain. Treatments have included twenty-four (23) acupuncture sessions for the lumbar spine, cervical spine, and right knee from 08/05/2014 thru 11/20/2014; left L5, bilateral S1 transforaminal epidural steroid injection on 11/24/2014; physical therapy in August 2014; Aleve; cyclobenzaprine HCL; Roxicet; Gabapentin; Tramadol HCL; an x-ray of the lumbar spine, which showed increased lordosis, moderate chronic compression deformity in the superior aspect of L2, and grade 1 spondylolisthesis at L5-S1; and an MRI of the lumbar spine, which showed moderate to severe stenosis at L2-3, mild stenosis at L1-2, significant narrowing at L5-S1, and grade 1 spondylolisthesis at L5-S1. The physical therapy reports were not included in the medical records provided for review. The medical record dated 12/11/2014 indicates that the injured worker underwent a bilateral L5 and S1 transforaminal epidural steroid injection, which gave him about 50% relief from the shooting pain. The injured worker continued to have numbness and tingling down his legs; however, the pain had decreased. The pain prevented the injured worker from being active. He rated his pain 8-9 out of 10, and it was noted that the shooting pain down his legs had subsided. The physical examination showed a weakly positive bilateral straight leg raise; and no new changes in strength, sensation, gait, or deep tendon reflex. The treating physician indicated that the bilateral sacroiliac joint injection would be diagnostic and therapeutic. The acupuncture report dated

11/20/2014 indicates that the injured worker rated his low back pain 5-6 out of 10, and indicated that his low back pain radiated to the right knee. The physical examination showed tenderness and pain upon palpation to the lumbar spine. On 12/19/2014, Utilization Review (UR) denied the request for bilateral sacroiliac joint block injection. The UR physician noted that conservative care had not been exhausted, and the result of any prior sacroiliac (SI) joint injections are not known. It was also noted that any spine joint injection is not recommended in the presence of radiculopathy. The ACOEM Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Hip and Pelvis Chapter, Sacroiliac Blocks

Decision rationale: The California Medical Treatment and Utilization Schedule do not directly reference sacroiliac joint injections. Section, 9792. 23.5 Low Back Complaints of the California Code of Regulations, Title 8, page 6 states the following: The Administrative Director adopts and incorporates by reference the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) into the MTUS from the ACOEM Practice Guidelines. ACOEM Medical Practice Guidelines Chapter 12 on page 300 state the following regarding injections: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Given a lack of direct reference from the California Medical Treatment and Utilization Schedule and ACOEM, the recommendations regarding sacroiliac joint injections in the Official Disability Guidelines Chapter on Hip and Pelvis are cited below: Recommended, as an option if failed at least 4-6 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 Official Disability Guidelines criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. This is noted in a progress note from December 11, 2014 in which there is positive Fabers, Gaenslens, and Fortins tests. The provider further notes that this is a diagnostic block. The patient has had at least 4 to 6 weeks of conservative therapy given the chronicity of this injury. It is incorrect as

noted by the utilization reviewer that all conservative options must be exhausted prior to SIJ injection. Given this, the currently requested bilateral sacroiliac joint injections are medically necessary.