

Case Number:	CM14-0032495		
Date Assigned:	03/19/2014	Date of Injury:	07/12/2002
Decision Date:	03/13/2015	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/10/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69-year-old male who reported an injury on 07/12/2002. The mechanism of injury was due to repetition of his customary job duties as a fireman. The injured worker has a diagnosis of lumbar degenerative disc disease with lumbago and intractable pain with bilateral radiculopathy, more right than left. Past medical treatment consist of lumbar epidural steroid injections, surgery, and medication therapy. Medications include Vicoprofen 7.5/200 mg, Ambien 10 mg, Prilosec, and Lipitor. On 05/10/2014, the injured worker underwent lumbar epidural anesthetic injection, lumbar epidural neurolytic injection, and transforaminal lumbar epidural steroid injection at 4 levels with fluoroscopy. The medical treatment plan is for the injured worker to undergo bilateral sacroiliac joint injections with imaging guidance. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections with image guidance x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The request for bilateral sacroiliac joint injection with image guidance with a quantity of 2 is not medically necessary. The Official Disability Guidelines recommend SI joint blocks as an option if failed at least 4 to 6 weeks of aggressive conservative therapy. Criteria for sacroiliac blocks are as followed; a history and physical should suggest the diagnosis, diagnostic evaluation must first address any other possible pain generators, the injured worker or patient has had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management, blocks are performed under fluoroscopy, a positive diagnostic response is recorded as 80% of the duration of the local anesthetic. If the first block is positive, a second diagnostic block is not performed. The submitted documentation indicated that the injured worker had undergone transforaminal lumbar epidural steroid injections on 05/10/2014. However, it did not indicate or specify at what level the injured worker underwent the injections. Additionally, the efficacy of the injections was not submitted for review. Furthermore, the request as submitted indicated sacroiliac joint injections with a quantity of 2. The guidelines suggest a positive response with the first block of at least 80% duration, if so, a second diagnostic block is not performed. Given the above guidelines in the submitted documentation, the request would not be indicated. As such, the request is not medically necessary.