

Case Number:	CM14-0083362		
Date Assigned:	07/21/2014	Date of Injury:	10/21/2009
Decision Date:	08/05/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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

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 (IW) is a 54 year old male who sustained an industrial injury on 10/21/2009. He reported cumulative trauma and a fall. The injured worker was diagnosed as having lumbar sprain and strain; lumbosacral spondylosis without myelopathy; osteoporosis; and urologic problems. Treatment to date has included Lumbar decompression in 2010 and a lumbar fusion from L3 to L5 in 2013. A CT of the lumbar spine with and without contrast was done 02/04/2014 that showed thoracic multilevel degenerative changes, but his fusion was solid. Currently, the injured worker complains of low back pain following any activities causing axial loading, such as lifting 20 lb. The pain radiates into the lumbosacral junction without radicular pain to the legs. He moves with guarding and stiffness. The plan is for trigger point injections of the cervical spine, and bilateral sacroiliac joint injections. Medications include Napreelan, Gabapentin, Prilosec, and Naproxen. A request for authorization is made for consultation and bilateral sacroiliac block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment & Workman's Compensation (TWC) Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Submitted reports do not specify consult specialty or its medical indication or necessity. Submitted reports have not adequately demonstrated any clear or specific indication or diagnoses indicative of a pain consultation for uncomplicated diffuse complaints of spine and joint pain currently under the care of the neurological provider. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's orthopedic specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. Additionally, Guidelines criteria for SI joint include disruption from significant pelvic trauma as 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) as noted here. 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). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. As the Bilateral Sacroiliac Block is not medically necessary and appropriate; thereby, the unspecified Consultation is not medically necessary and appropriate.

Bilateral Sacroiliac Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment & Workman's Compensation (TWC): Hip and Pelvis Procedure Summary Criteria for the use of sacroiliac blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, SI Joint, pages 263-264.

Decision rationale: ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma. The main cause is SI joint disruption from significant pelvic trauma. 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) as noted here. 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). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the diagnostic gold standard as the block is felt to show low sensitivity, and

discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not clearly defined symptom complaints, documented specific clinical findings or met the guidelines criteria with ADL limitations, failed conservative treatment trials, or functional improvement from treatment previously rendered for this chronic injury of 2009. The Bilateral Sacroiliac Block is not medically necessary and appropriate.