

Case Number:	CM15-0003729		
Date Assigned:	01/14/2015	Date of Injury:	09/26/2011
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 injured worker is a 52 year old female with an industrial injury dated 09/26/2011. Her diagnoses include pain in limb, myalgia and myositis not otherwise specified, right carpal tunnel syndrome, cervicalgia, lumbago, right rotator cuff sprain, right sacroiliac sprain not otherwise specified, right rotator cuff syndrome not otherwise specified, depression, and chronic pain NEC. Diagnostic testing has included a MRI of the lumbar spine (date unknown) which revealed moderate neural foraminal stenosis at the L5-S1 level without impingement. She has been treated with Flector patches, Flexeril, and aspirin for several months. In a progress note dated 12/04/2014, the treating physician reports increased right low back pain (rated 5-6/10) despite treatment. The objective examination revealed decreased right shoulder internal rotation, mild right shoulder joint tenderness, mildly decreased range of motion in the lumbosacral spine with flexion secondary to pain, mild tenderness of the lumbosacral spine and paraspinals with mild paralumbar muscle tightness, and moderate point tenderness of the sacroiliac joint and gluteal area which produces pain in the low back on the right. Testing included a mildly positive Gaenslen's test and sacroiliac compression test on the right. The treating physician is requesting sacroiliac joint ligaments cortisone injection under ultrasound guidance which was denied by the utilization review. On 12/15/2014, Utilization Review non-certified a request for sacroiliac joint ligaments cortisone injection under ultrasound guidance, noting the absence of at least 3 positive exam findings for sacroiliac dysfunction, the absence of 4-6 weeks aggressive conservative therapy, and the absence of guideline recommendation for this procedure under ultrasound

guidance. The ODG was cited. On 01/08/2015, the injured worker submitted an application for IMR for review of sacroiliac joint ligaments cortisone injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint ligaments cortisone injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter on hip and pelvis, acute and chronic, sacroiliac joint blocks

Decision rationale: MTUS and ACOEM do not address this intervention. Per ODG guidelines, criteria for sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least three positive exam findings as listed above.) 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. 4. blocks are performed under fluoroscopy (Hansen 2003) 5. A positive diagnostic response is recorded as eighty percent for the duration of the local anesthetic. If the first block is positive a second diagnostic block is not performed. 6. If steroids are injected during the initial injection the duration of pain relief should be at least six weeks with at least over seventy percent pain relief recorded for the period. 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is two months or longer between each injection, provided that at least over seventy percent pain relief is obtained for six weeks. 8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9. in the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and these should be limited to a maximum of four times for local anesthetic and steroid blocks over a period of one year. Per guidelines cited, this patient did not demonstrate physical findings consistent with disease and the patient had not failed conservative therapy for 4-6 weeks prior to initiating this procedure, a more invasive one.