

Case Number:	CM15-0016464		
Date Assigned:	02/04/2015	Date of Injury:	09/26/2011
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 54 year old female with an industrial injury dated September 26, 2011. The injured worker diagnoses include left leg radiculopathy with weakness, left cervical radiculopathy with weakness, cervical disc degeneration and stenosis with segmental kyphosis, severe left cubital tunnel release, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel releases, left long trigger finger, status post release x2, and right long finger extensor tendon subluxation, expect retinacular tear. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, consultations and periodic follow up visits. In a progress note dated 12/02/2014, the injured worker reported ongoing neck pain that radiated down the left upper extremity with numbness and pain in bilateral hands and fingers. The injured worker also complained of numbness in left elbow and lower back pain that radiates down the left buttocks and left lower extremity with intermittent numbness. Physical exam reveals antalgic gait, favoring the right side and palpable tenderness over the left greater trochanter and left S1 joint with decrease sensory over the left L3-S1 dermatome distribution. Straight leg test was positive on the left. Documentation also noted a positive thigh thrust, compression sign and Fortin sign. The treating physician prescribed services for right SI (sacroiliac) joint block. UR determination on January 14, 2015 denied the request for right SI (sacroiliac) joint block, citing MTUS, ACOEM guidelines. A 10/21/14 document states that if the SI joint block is diagnostic then the patient would be a candidate for an SI joint radiofrequency ablation. A 1/20/15 progress report states that the patient continues to have bilateral SI joint pain rated 7 without meds on a VAS and 4 on a VAS with medications. There is palpable tenderness over the left greater

trochanter and left SI joint. Gait is antalgic and favors the RLE. There is decreased left L3, L4, L5, S1 dermatome sensation. There is a positive thigh thrust, positive compression sign and positive Fortin sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI (Sacroiliac) joint block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis- Sacroiliac joint blocks & Sacroiliac joint radiofrequency neurotomy

Decision rationale: Right SI (Sacroiliac) joint block is not medically necessary per the ODG. The MTUS does not specifically address this issue. The ODG states that the criteria for the use of sacroiliac blocks include: The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Blocks are performed under fluoroscopy. The request is not medically necessary as it is not clear that the patient has had physical therapy specifically from the documentation submitted. Furthermore, the guidelines state that diagnostic evaluation must first address other possible pain generators and the patient is having an EMG/NCV of the bilateral lower extremities in 1/26/15 the results of which are not known and if positive will need to be addressed. Furthermore the documentation indicates that the SI joint block was to be done in anticipation of an SI radiofrequency neurotomy which is not supported by the ODG. For all of these reasons the request for a right SI (sacroiliac) injection is not medically necessary.