

Case Number:	CM15-0122730		
Date Assigned:	07/07/2015	Date of Injury:	10/30/2011
Decision Date:	08/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/25/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 31-year-old female who sustained an industrial injury on October 30, 2011. She has reported injury to the lower back and has been diagnosed with arthropathy unspecified other specific sites, post laminectomy syndrome unspecified region, and myalgia and myositis unspecified. Treatment has included medications, surgery, injection, physical therapy, acupuncture, and chiropractic care. There was tenderness on palpation of the lumbar paraspinal muscles. The old incision site was well healed without signs of infection or skin breakdown. There was tenderness at the groin bilaterally. She still showed weakness at the hip flexors on the left side. She had weakness of the dorsiflexors of the ankle on the left side. She was tender at the sacroiliac joints bilaterally. Sensation was decreased on the L5-S1 dermatomes on the left lower extremity. The treatment request included therapeutic left SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic left SI joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Sacroiliac joint 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 & Pelvis, sacroiliac joint blocks.

Decision rationale: The MTUS is silent on the use of sacroiliac joint injections . Per ODG TWC with regard to sacroiliac joint injections: " Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. "Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 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 80% for the duration of the local anesthetic. If the first block is not 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 6 weeks with at least > 70% pain relief recorded for this period. 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 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 4 times for local anesthetic and steroid blocks over a period of 1 year. The documentation submitted for review indicates that the injured worker underwent diagnostic left sacroiliac joint block 3/10/15. Per progress report dated 3/26/15, her pain level was 1/10 whereas usually her pain level was 6/10. Per the citation above, a positive diagnostic is relative to the duration of the local anesthetic. After previous sacroiliac joint injection on 3/10/15, the injured worker reported 70-80% relief for 3 hours. I respectfully disagree with the UR physician's denial based upon lack of pain relief for at least 6 weeks; this criteria is for therapeutic blocks with steroids. However, the injured worker underwent a diagnostic block without steroid and was therefore not therapeutic. Their response met criteria as delineated in number 5 of the ODG criteria above, and thus meet the criteria for a therapeutic injection. The request is medically necessary.