

Case Number:	CM15-0124027		
Date Assigned:	07/08/2015	Date of Injury:	12/05/1986
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 68 year old female, who sustained an industrial injury on 12/5/1986. Diagnoses have included lumbosacral spondylosis, post-laminectomy syndrome of lumbar region and sciatica. Treatment to date has included T1-L4 posterior fusion (1996), revision T2-S1 fusion (2000), previous sacroiliac joint injections with over 50% relief (2012) and medication. According to the progress report dated 5/21/2015, the injured worker complained of low back pain. The pain was located in the lumbosacral region of the back, left worse than right. Exam of the lumbar spine revealed muscle tenderness bilaterally. Exam of the sacral spine revealed mild tenderness in the midline. There was mild groin and lateral hip pain with range of motion. Sensory exam for light touch in the lower extremities revealed symmetrical hypoesthesias in an S1 distribution, 50% of normal. Gait was mildly unstable due to loss of plantar sensation. Authorization was requested for bilateral sacroiliac joint injections with valium prior to injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for sacroiliac joint injections, CA MTUS does not address the issue. ODG recommends sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Regarding repeat injections, they cite that a positive diagnostic response is recorded as 80% for the duration of the local anesthetic. 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. 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. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. The provider notes that prior SI joint injection resulted in over 50% improvement, but this does not clearly meet the criteria recommended by the guidelines of at least 70% relief for at least 6 weeks. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.

Valium 5mg prior to the injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.