

Case Number:	CM15-0125112		
Date Assigned:	07/09/2015	Date of Injury:	04/25/2014
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 26 year old male who sustained an industrial injury on 4/25/14. Secondary treating physician's progress report dated 6/3/15 reports continued complaints of low back pain rated, 4-5/10, with radiation to the right lower extremity, with tingling and numbness across the back. He also has complaints of anxiety, depression and stress. Pain medications provide him with 50% relief of his pain and physical therapy with 35-45% relief. He continues with home exercise program. Diagnoses include: status post anterior posterior fusion at L5-S1 on 9/3/14 with 70% relief, chronic low back pain, right greater than left sacroiliac, scar dysesthesia, anteriorly and posteriorly, neuropathic pain in the right greater than left extremity, insomnia secondary to pain, left inguinal hernia near the anterior scar related to the lumbar fusion, vitamin D deficiency and neuropathic pain sensory to dysfunction. Plan of care includes: recommend bilateral sacroiliac joint blocks, engage in weight loss program and exercise, continue Swiss ball home exercise program, TENS unit as needed and prescriptions refilled. Work status is deferred to primary treating physician. Return to clinic for follow up on 7/1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint blocks: 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), Hip & Pelvis, Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac injections.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. The history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient's file, that the patient fulfills the criteria of sacroiliac damage that the sacroiliac joint is the pain generator and other pain generators have been excluded. Therefore, the requested for Bilateral sacroiliac joint blocks is not medically necessary.