

Case Number:	CM15-0129206		
Date Assigned:	07/15/2015	Date of Injury:	01/04/2006
Decision Date:	08/21/2015	UR Denial Date:	06/07/2015
Priority:	Standard	Application Received:	07/02/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on 1/04/2006. Diagnoses include lumbar complaints and cervical complaints. Treatment to date has included conservative measures including diagnostics, epidural and sacroiliac injections, heat application, massage, rest and medications as well as multiple surgical interventions (cervical fusion, 2010, posterior lumbar fusion, 2012, and anterior cervical discectomy and fusion, (ACDF), 2013). Per the Primary Treating Physician's Progress Report dated 5/20/2015, the injured worker reported for follow-up of back pain, low back pain and lumbar complaints. He rates the severity of his pain as 6/10. Physical examination of the lumbosacral spine revealed positive FABER maneuver on the right, positive Gaenslen's maneuver on the right, secondary myofascial pain with triggering and ropey fibrotic banding and spasm, and tenderness over right sacroiliac joint with a positive stork test on the right. The plan of care included, and authorization was requested on 5/20/2015 for repeat sacroiliac injection right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side Sacroiliac joint injection, quantity: 1, per 05/20/2015: 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 Chapter: (updated 10/09/14)-Online Version, 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) online, Hip and Pelvis, SI joint block.

Decision rationale: According to the attending physician report dated 5-20-15, page 60(B), the patient has ongoing low back pain along with weakness and numbness in the right and left leg. The current request is for a right side sacroiliac (SI) injection, quantity: 1 per 5-20-15 report. The ODG does recommend sacroiliac injections when criteria has been met. According to the ODG, a positive response is recorded as 80% for the duration of the local anesthetic. If the 1st block is not positive, a second diagnostic block is not performed. Also, 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 for this period. In this case, records do indicate that a request was made for information relating to the previous SI injection. That information does not appear to be available for review. Medical records from the Functional Capacity Evaluation indicate that the patient had no benefit from the previous SI injection. For this reason, the available medical records do not establish medical necessity for this request.