

Case Number:	CM15-0171512		
Date Assigned:	09/11/2015	Date of Injury:	10/19/1999
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

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 51 year old male who sustained an industrial injury on 10-19-1999. According to a progress report dated 03-06-2015 the injured worker reported back pain and bilateral buttock and leg pain. Physical examination demonstrated positive lateral leg lifts, tenderness over the PSIS, shear test and FABER test indicated bilateral sacroiliac joint dysfunction. Straight leg raise was positive bilaterally. He had pain above his lumbar fusion with lumbar extension being zero, flexion 45% and he walked with a guarded posture. Diagnoses included arthrodesis L3 through the sacrum, adjacent segment disease L2-3 with retrolisthesis and instability, facet arthrosis L2-3 and bilateral sacroiliac joint dysfunction secondary to the lumbar arthrodesis. According to a progress report dated 07-07-2015, the injured worker reported 90% low back pain included the buttocks, right worse than left; right posterior and right anterior thigh pain and diminishing walking tolerance due to leg pain weakness bilaterally right worse than left. Back pain was rated 9 on a scale of 1-10 and was 90% of the problem. Leg pain was 5 and was 10% of the problem. He also had pain around the right shoulder. Examination showed that his stance was erect. He had a forward stooped antalgic gait. He indicated that his right leg hurt more than the left when he ambulated. The provider noted that the injured worker continued to exhibit findings positive of sacroiliac joint dysfunction, right more than left with tenderness over the PSIS, FABER test, lateral leg lift, shear test and thigh thrust test. There was no focal weakness in the lower extremities. There was no focal sensory loss in the lower extremities. Knee and ankle jerks were 1+. Straight leg raise produced hamstring tightness ipsilaterally only. Babinski test was not responsive. The provider noted that a CT scan from 11-21-2013 showed an instrument fusion anterior and posterior at L3,

L4, L5 and S1. L2-3 showed a marked retrolisthesis, very advanced facet arthropathy and anterior marginal osteophytes. The level above also had anterior marginal osteophytes and facet arthropathy. The provider noted that the injured worker was experiencing increased numbness and neurogenic claudication and that the rate of the deterioration suggests that he might require further surgery. The provider noted that the injured worker required diagnostic injections of both sacroiliac joints under radiographic control to be seen the same day after injection to assess the anesthetic-diagnostic phase of the injections and that this would help to determine the contribution of his sacroiliac joint to his overall symptoms and to guide treatment. He was provided a prescription of Norco. Work status was noted as permanent and stationary on future medical. On 07-30-2015, Utilization Review non-certified the request for a sacroiliac joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint block: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Hip--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 (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant has a remote history of a work injury in October 1999 and is being treated for low back and bilateral buttock and leg pain with a history of a multilevel lumbar fusion from L3 to the sacrum in 2002. When seen, there was a normal BMI. There was posterior superior iliac spine tenderness. Positive shear, Fabere, and lateral leg lift tests are documented. A report dated 07/18/15 gives the rationale for the requested blocks. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the claimant has a history of lumbar fusion including to the sacrum. Three positive sacroiliac joint tests are documented. The rationale for the request is clearly stated. The request is medically necessary.