

Case Number:	CM15-0173723		
Date Assigned:	09/15/2015	Date of Injury:	05/25/2008
Decision Date:	10/19/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/03/2015

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: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 5-25-2008. Medical records indicate the worker is undergoing treatment for worsening back and bilateral leg symptoms, right buttock and anterior thigh pain, left buttock and radiating leg pain, positive electromyography (EMG) with bilateral chronic active lumbar 5 radiculopathy and right sacroiliitis. A recent progress report dated 8-4-2015, reported the injured worker complained of low back pain and left groin pain. Physical examination revealed right sacroiliac tenderness and some mild weakness in the right tibialis anterior. Lumbar magnetic resonance imaging showed very mild levoscoliosis and mild facet joint degenerative changes. Treatment to date has included physical therapy, Omeprazole, Tizanidine, Tramadol and Voltaren. The physician is requesting right sacroiliac injection. On 8-12-2015, the Utilization Review noncertified a request for a right sacroiliac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection: 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, Criteria for 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 Joint Blocks Section.

Decision rationale: The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include: 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings; 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 physical therapy, home exercise and medication management; 4) blocks are performed under fluoroscopy; 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and 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 phase the suggested frequency for repeat blocks is 2 months or longer 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, transforaminal epidural steroid injection, facet joint injection or medial branch block; 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. In this case, although the injured worker is reported to have attempted and failed with a home exercise program, there is no evidence of a trial with formal physical therapy. Completion of formal physical therapy with reevaluation is necessary prior to pursuing this invasive procedure. The request for right sacroiliac joint injection is not medically necessary.