MAXIMUS Federal Services

Case Number:	CM15-0174191		
Date Assigned:	09/16/2015	Date of Injury:	01/20/2011
Decision Date:	10/16/2015	UR Denial Date:	08/31/2015
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: 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 43 year old male, who sustained an industrial injury on 1-20-11. The injured worker was diagnosed as having left sacroiliac dysfunction; L4-L5 disc bulge with left L5 radicular pain-stable. Treatment to date has included left sacroiliac joint injection (9-12-14); medications. Currently, the provider indicating the injured worker documents the PR-2 notes dated 6-30-15 "Requires: 1) Left sacroiliac lidocaine and steroid injection. He documents "Thirty minutes were spent in history gathering, examination and counseling. An additional 15 minutes were spent in administering and interpreting psychological testing. The injured worker notes 50% reduction in his back pain and left foreleg pain with numbness and tingling. He denies weakness. The pain is generally at 4 out of 10." On physical examination, the provider documents (PHQ-9 (psychological testing) score is 3 out of 30 indicating no active depression or anxiety. Lumbar flexion 40 degrees, extension 20 degrees. Patrick's maneuver and compression of the sacroiliac joint all caused left sacroiliac pain. Gaenslen's maneuver caused left sacroiliac pain. There was tenderness over the left sacroiliac joint. Lower extremity neurological exam is normal." The provider documents "He requires a left sacroiliac, lidocaine and steroid injection under fluoroscopy for diagnostic as well as therapeutic purposes. He also requires application of Lidoderm patch (dispensed one box). He will continue Tylenol with Codeine #3 PRN (dispensed 20). He will continue his current regular work. He remains permanent and stationary as of 3-26-12. Follow up on 8-10-15." A Request for Authorization is dated 9-3-15. A Utilization Review letter is dated 8-31-15 and non-certification was for Left sacrolilac lidocaine and steroid injection. Utilization review denied the Left sacrolilac lidocaine and steroid repeat injection for not meeting the medical necessity using the CA MTUS guidelines. The provider is

requesting authorization of Left sacrolilac lidocaine and steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacrolilac lidocaine and steroid 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-TWC), Hip & Pelvis disorders.

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 and Other Medical Treatment Guidelines Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in January 2011 and is being treated for chronic left low back pain. A left sacroiliac joint injection was done on 09/12/14. On 09/22/14 there had been a 70% decrease in pain which was rated at 3/10. When seen, pain was rated at 4/10. Physical examination findings included decreased lumbar range of motion. There was left sacroiliac joint tenderness with positive Patrick, Compression, and Gaenslen testing. A repeat sacroiliac joint injection was requested. He was continued at unrestricted work. 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 the treatment or therapeutic phase, the procedure should be repeated only as necessary and should be limited to maximum of four times for local anesthetic and steroid blocks over a period of one year. In this case, the claimant has a pain score of 4/10 which is not considered a clinically significant difference from the score of 3/10 after the sacroiliac joint injection when he was reassessed 10 days after the procedure in September 2014. He continues to work without restrictions. The documentation does not provide support that the requested repeat sacroiliac joint injection is medically necessary at this time.