

Case Number:	CM15-0176825		
Date Assigned:	09/17/2015	Date of Injury:	03/25/2011
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: Connecticut, California, Virginia
 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 51 year old female, who sustained an industrial injury on 3-25-11. Medical record indicated the injured worker is undergoing treatment for musculoskeletal strains of cervical and lumbar spines, cervical disc herniation, bilateral shoulder tendinitis, history of left carpal and pronator tunnel decompressions with widespread scar formation, persistent left median neuropathy at the carpal tunnel and right carpal tunnel release 4-22-15. Treatment to date has included right carpal tunnel release, sacroiliac joint injections, oral medications including Naprosyn, Cyclobenzaprine, Gabapentin, Trazodone, Hydrocodone and Norco, wrist splints, physical therapy, home exercise program and activity modifications. (MRI) magnetic resonance imaging of lumbar spine performed on 1-17-12 revealed mild facet hypertrophy at L4-5 and L5-S1. On 6-30-15 the injured worker complained of continued pain in low back, cervical spine, bilateral shoulders and bilateral wrists with numbness, tingling, headaches and symptoms of anxiety and depression and on 8-3-15, the injured worker complains of continued tingling and numbness in left hand with bilateral upper extremity pain and little improvement in neck and low back discomfort; the low back pain radiates to the right leg with associated tingling and numbness. Work status is noted to be permanent disability. Physical exam performed on 6-30-15 noted restricted range of motion of cervical spine and tightness and spasm over the cervical musculature with spasm of upper trapezius bilaterally. 8-3-15 noted surgical scars over both carpal tunnels well healed, tenderness to palpation over the left pronator tunnel as well as each carpal tunnel and additional tenderness in the paracervical and paralumbar areas and restricted range of motion of cervical spine. Treatment plan included home range of motion and strengthening program and continuation of medications. On 8-18-15, utilization review non-certified sacroiliac bilateral joint injections under sedation noting a right sided injection was ultimately authorized in June 2015, there is no information regarding the previously authorized right sacroiliac joint injection; the request is not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacral Joint Injections under sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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, sacroiliac joint blocks.

Decision rationale: SI Joint blocks are recommended by the ODG with the following limitations: the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), diagnostic evaluation must first address any other possible pain generators, the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Blocks are performed under fluoroscopy and a positive diagnostic response must be recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 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. In this case, the provided records indicate that a right-sided injection has already been authorized, but no indication of outcome has been provided; further evidence of the need for bilateral injections must be documented to support the request. Therefore, at this time, the request is not considered medically necessary.