

Case Number:	CM15-0021831		
Date Assigned:	02/11/2015	Date of Injury:	03/25/2009
Decision Date:	04/09/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 was a 55-year-old female, who sustained an industrial injury, March 25, 2009. The injury was sustained when the injured worker got up suddenly, when someone called the injured workers name. According to progress note of October 23, 2014 the injured worker was doing well until the injured worker stood up wrong and felt pain across the lower back and into the tailbone which then radiates into the right hip. The physical examination of the lumbar sacral area noted pain with palpation of the lumbar intervertebral spaces, bilateral sacroiliac joint on the right and left side, paraspinal area, positive trigger points to the paraspinal muscles. The injured worker's gait was antalgic. The injured worker was diagnosed with chronic low back pain, major depression, L4-L5 and L5-S1 fusion, lumbar radiculopathy on the right side as note by exam and electromyography studies, fibromyalgia/myositis, failed lumbar back syndrome, lumbosacral spondylosis without myelopathy and sacrolitis. The injured worker previously received the following treatments Oxycodone, Flexeril, Gabapentin; trigger point injections, L4-L5 L5-S fusion 1997 with removal of hardware in 2010 from a previous back surgery, biofeedback, physical therapy, chiropractic services, acupuncture, psychological intervention and medication management. On January 7, 2015, the primary treating physician requested authorization for a right sacroiliac joint injection with fluoroscopy and anesthesia. On January 14, 2015, the Utilization Review denied authorization for a right sacroiliac joint injection with fluoroscopy and anesthesia. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection with fluoroscopy and anesthesia: 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), Treatment Index, 11th Edition (web), 2014, Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis, Sacroiliac Joint Blocks.

Decision rationale: The MTUS is silent on the use of sacroiliac joint injections. Per ODG TWC with regard to sacroiliac joint injections: " Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below."Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
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 PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy. (Hansen, 2003)
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. 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 or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, 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 (ESI), transforaminal ESI, facet joint injection or medial branch block.
9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. The documentation submitted for review indicates that the injured worker was previously treated with sacroiliac joint block. It was noted that it was effective, but wore off time. As there is no documentation of at least 70% pain relief for 6 weeks, medical necessity of repeat block cannot be affirmed.