

Case Number:	CM15-0068993		
Date Assigned:	04/16/2015	Date of Injury:	10/13/2008
Decision Date:	06/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/12/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 10/13/08. The injured worker was diagnosed as having sacroiliitis, chronic pain and neuralgia/neuritis and radiculitis. Treatment to date has included oral medications, joint injection, physical therapy and home exercise program. Currently, the injured worker complains of low back and left hip pain. Physical exam noted SI joint pain with tenderness to palpation. The treatment plan included refilling oral medications and left SI joint denervation/injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Injection Denervation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip - Sacroiliac Joint Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis section, Sacroiliac joint blocks.

Decision rationale: The MTUS Guidelines are silent in regards to sacroiliac joint blocks/injections. The ODG, however, states that they are conditionally recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy (medications, physical therapy, etc.). Other criteria for the use of sacroiliac blocks includes: 1. History and physical suggesting diagnosis (imaging not helpful) by confirming at least three of the following tests: Cranial shear test, Extension test, Flamingo test, Fortin finger test, Gaenslen's test, Gillet's test, Patrick's test (FABER), Pelvic Compression test, Pelvic distraction test, Pelvic rock test, Resisted abduction test (REAB), sacroiliac shear test, Standing flexion test, Seated Flexion test, or Thigh thrust test (POSH), 2. Diagnostic evaluation must first address any other possible pain generators, 3. Blocks are performed under fluoroscopy, 4. 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, 5. If steroids are used the pain relief should be at least 6 weeks with at least 70% or greater pain relief, 6. Repeated blocks should be 2 months or longer from previous, 7. The block is not to be performed on the same day as an epidural injection, transforaminal epidural injection, facet joint injection, or medial branch block, and 8. Only a maximum of four times over a period of one year is recommended. In the case of this worker, previous sacroiliac injections produced significant reduction in pain and function, according to the notes provided for review. Sufficient evidence of returning sacroiliac pain was seen from physical examination findings and a repeat injection is warranted in this case. The request is medically necessary.

Medical Clearance, History & Physical, Labs (unspecified):: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Acetaminophen Page(s): 70; 12.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that when prescribing NSAIDs, the recommendation is to measure liver enzymes as well as CBC and chemistry profile (including renal function testing) within 4-8 weeks after starting therapy. Interval and routine testing following this initial series has not been established. With acetaminophen use, it is reasonable to consider testing for liver enzymes and/or renal function testing performed within a few weeks of starting therapy when using moderate to high doses of acetaminophen or in all patients (any dose) with a history of alcohol use (for liver enzymes) or with renal insufficiency (for renal function testing) if taking it for longer than 5 days or so due to its potential for hepatotoxicity and renal toxicity. In the case of this worker, it is presumed but not clearly stated that the medical clearance with history, physical, and labs as well as ECG were intended to be in preparation for the sacroiliac injection, which was requested at the same time, but deemed not medically necessary by this reviewer. There was no evidence to suggest that in the setting of following through with the injection procedure that this worker required any screening for cardiovascular risks via labs or otherwise. There was no evidence found in the notes available for review, which would suggest any preoperative screening was necessary for such a minor procedure. Regardless, due to the non-approval of the procedure, the request for medical clearance, including labs is not medically necessary.

EKG (electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery: Executive Summary, October 2007 (<http://content.onlinejacc.org/article.aspx?articleid=1138595&resultClick=3#fn10>).

Decision rationale: The MTUS Guidelines do not address performing ECGs preoperatively. Current guidelines suggest that for low cardiovascular risk surgeries, such as knee arthroscopy, preoperative ECG is not helpful nor recommended for those who are not exhibiting symptoms related to cardiovascular symptoms. In the case of this worker, it is presumed but not clearly stated that the medical clearance including an ECG was intended to be in preparation for the sacroiliac injection, which was requested at the same time, but deemed not medically necessary by this reviewer. There was no evidence to suggest that in the setting of following through with the injection procedure that this worker required any screening for cardiovascular risks via ECG or otherwise. There was no evidence found in the notes available for review, which would suggest any preoperative screening was necessary for such a minor procedure. Regardless, due to the non-approval of the procedure, the request for medical clearance, including ECG is not medically necessary.