

Case Number:	CM15-0090592		
Date Assigned:	05/14/2015	Date of Injury:	06/27/1991
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male who sustained an industrial injury on 06/27/1991 when he slipped and fell carrying a heavy item. The injured worker was diagnosed with lumbosacral degenerative disc disease, sacroiliac (SI) joint dysfunction, low back pain syndrome, post laminectomy syndrome and psychosocial of anxiety and insomnia. Treatment to date includes diagnostic testing, surgery, physical therapy, and a recent left sacroiliac (SI) joint block on November 25, 2014, The injured worker is status post lumbar laminectomy and arthrodesis (no date documented). According to the primary treating physician's progress report on March 16, 2015, the injured worker continues to experience lower back and left extremity pain with numbness in the left medial thigh, lower leg and left foot and cramping/spasms on the left chest. The injured worker also reports headaches. The injured worker rates his pain level at 7/10 currently and usually 5-6/10 with variations of 5-9/10. Examination demonstrated a moderately overweight gentleman with tenderness over the lumbar paraspinal muscles, greater on the left side with marked tenderness over the sacroiliac (SI) joints bilaterally. Faber, resisted abduction and Shear tests were strongly positive on the left side. There was noted decreased sensation in the L5 distribution with normal deep tendon reflexes of the lower extremities. Current medications are listed as Avinza, Norco, Advil, Soma, Lorazepam and Toradol intramuscularly (monthly). Treatment plan consists of medications regimen and the current request for bilateral sacroiliac (SI) joint blocks. A 3/30/15 progress report states that the patient has received an SI joint block on 11/25/14 and had "great relief" for one month but he reports that his pain has gone back to previous levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint block 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 - Sacroiliac joint 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-Sacroiliac joint blocks.

Decision rationale: Bilateral SI joint block injections are not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that 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 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. The documentation indicates that prior sacroiliac injection provided relief for only 4 weeks. The request therefore for another sacroiliac injection is not medically necessary.