

Case Number:	CM15-0096074		
Date Assigned:	05/26/2015	Date of Injury:	06/04/1993
Decision Date:	06/26/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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

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 64-year-old female, who sustained an industrial injury on 6/04/1993. She reported acute onset of low back pain with lifting and bending. Diagnoses include post laminectomy syndrome, chronic back pain, and sacroiliitis. She is status post six lumbar spine surgeries including a spinal fusion and removal of hardware. Treatments to date include physical therapy, chiropractic therapy, acupuncture treatments, home exercise, trigger point injections, TENS unit, bilateral sacroiliac joint (SI) injections and medication therapy. Currently, she complained of back pain with radiation to bilateral lower extremities and associated with numbness. Pain was rated 5/10 VAS. The previous bilateral sacroiliac injections (SI) were reported successful in decreasing pain in the back, however, the SI pain was returning. On 4/16/15, the physical examination documented SI joint tenderness bilaterally left greater than right side. There were positive FABER, Compressions, Thigh Thrust, Distraction and Gaenslen tests documented. The plan of care included bilateral sacroiliac joint injections with periarticular injections under fluoroscopy. A progress report dated April 16, 2015 states that the bilateral sacroiliac injection "did help with her pain." The note states that the SI pain has returned but still a little better. A progress report dated January 23, 2015 states that the patient has had prior sacroiliac injections by an outside provider "that were helpful for reducing her low back pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 Joint Injection of the lower back area: 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, Criteria for the use of sacroiliac blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, it appears the patient has had at least one, and possibly two, previous sacroiliac injections. There is no documentation of analgesic efficacy (in terms of percent reduction in pain or reduction in NRS), no discussion regarding functional benefit, and no discussion regarding reduction of medication use as a result of those injections. Furthermore, it is unclear how long these injections have lasted. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.

Periarticular injections under fluoroscopy: 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, Criteria for the use of sacroiliac blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 and 122. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks, Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for Periarticular injections under fluoroscopy, it appears that this is some sort of myofascial injection or tendon/ligament injection performed in conjunction with sacroiliac joint injections. No peer-reviewed medical literature supporting this injection has been provided for review, therefore trigger point injection criteria and sacroiliac injection criteria seem the most reasonable. Guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and

objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous injections. Additionally, it appears the patient has had at least one, and possibly two, previous sacroiliac injections. There is no documentation of analgesic efficacy (in terms of percent reduction in pain or reduction in NRS), no discussion regarding functional benefit, and no discussion regarding reduction of medication use as a result of those injections. Furthermore, it is unclear how long these injections have lasted. In the absence of clarity regarding these issues, the currently requested Periarticular injections under fluoroscopy are not medically necessary.