

Case Number:	CM13-0032903		
Date Assigned:	12/06/2013	Date of Injury:	04/21/1992
Decision Date:	01/30/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 73-year-old female with pertinent medical diagnoses which include failed back surgery syndrome, degenerative disc disease, and low back pain, enthesopathy of hip region, facet arthropathy, myalgia, myositis, radiculopathy, chronic opioid analgesic therapy and sacroiliac ligament sprain. The stated date of injury is 04/21/1992. In a note dated 08/01/2013 there is documented objective tenderness to palpation in bilateral SI joints. Pertinent documented findings include an assessment from September 03, 2013, which states "Sacroiliac sprain. Subjectively the pain is rated 3/10 without medication. There is a report stating the spinal cord stimulator (implantation date of March 2007) for chronic low back pain does not address sacral pain." In the Treatment Plan/Discussion section of a note dated August 01, 2013 there is documentation of sacral pain and displays of positive SI joint maneuvers suggestive of possible SI joint dysfunction. In a note dated 09/09/2013 there is a referral to patient's SI joint dysfunction in documentation from 2009. However, there is no documented evidence of said suggested referral of SI joint dysfunction documentation from 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac Joint Injections, Bilateral QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, sacroiliac joint injections

Decision rationale: This request is for bilateral sacroiliac joint injections for treatment of pain, dysfunction and sacroiliac joint sprain. The sacroiliac joint, an atypical synovial joint, is classified as a diarthrodial joint. It is also considered to be a partially amphiarthrodial joint, bound by anterior and posterior ligaments, with a limited degree of movement. MTUS Guidelines do not address sacroiliac joint injections specifically. However, in general, injections such as ligamentous injections are of questionable merit and are not recommended for low back pain. According to the ODG, sacroiliac joint injections are only recommended after failed conservative therapy, which includes exercise programs, icing and manipulation. There is no clearly documented evidence of conservative intervention specifically for SI joint dysfunction and ligamentous sprain in this patient. The diagnostic evaluation of pain and sacroiliac dysfunction in this patient is obscured and likely confounded by the long history of chronic low back pain. The patient has other well-delineated reasons for radicular low back pain that should continue to be addressed. In addition, according to ODG there is little evidence to suggest sacroiliac joint injections offer a long-term effective benefit. Therefore, the above listed issue is considered NOT medically necessary.