

Case Number:	CM13-0035633		
Date Assigned:	12/18/2013	Date of Injury:	04/16/2010
Decision Date:	02/25/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine & Rehabilitation 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:

The patient is a 39-year-old male who reported an injury on 04/16/2010. The mechanism of injury information was not provided in the medical records. The patient's diagnoses included sacroiliitis, not elsewhere classified, ICD-9 code 720.2; lumbar facetogenic pain/facet arthropathy, ICD-9 code 724.8; and abnormal posture moderate loss of lumbar lordosis, ICD-9 code 781.92. The most recent clinical note dated 10/25/2013 states the patient continued to complain of low back pain. In addition to the complaints of pain, the patient also reported difficulties with activities of daily living, and difficulty walking and running. The patient has been on full regular duty at work. The patient stated he was having a flare up of his low back pain; however, medications continued to help alleviate his pain. His medication regimen included naproxen 550 mg 1 twice daily, cyclobenzaprine 7.5 mg 1 tablet twice daily, Norco 2.5/325 one to 2 tablets every 4 hours as needed, Ambien 1 tablet at bedtime as needed, and Omeprazole 20 mg once daily. He had an abnormal posture with moderate flexion of the low back. Examination of the lumbar spine revealed no lumbar scoliosis, asymmetry, or abnormal curvature noted on inspection of the lumbar spine. Lumbar range of motion was as follows: flexion is limited by 10%; extension is limited by 20%; right rotation is limited by 10%; left rotation is limited by 10%; right side bending is limited by 10%; left side bending is limited by 10%; and there was severe tenderness along the bilateral lumbar spine. There was moderate tenderness noted on bilateral sides of the sacroiliac joints. The patient received a tendon sheath injection under ultrasound guidance without sedation to the labrum fascias tendon sheath. The patient was instructed to resume all of his pain medications upon discharge and he was informed of the importance of performing daily structured home exercise with focus of prolonged static stretches and general strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac joint 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), Treatment Index, 11th Edition (web), 2013 Hip and Pelvis Chapter, Sacroiliac Joint blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Intra-articular steroid hip injection (IASHI).

Decision rationale: Although California MTUS/ACOEM does not address sacroiliac joint injections specifically, ACOEM does state that invasive techniques such as local injections and facet joint injections of cortisone or lidocaine are of questionable merit. Per Official Disability Guidelines intra-articular steroid hip injections are not recommended. They are under study for moderately advanced or severe hip osteoarthritis. Per guidelines intra-articular glucocorticoid injection with or without elimination of weight bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. Per ODG, sacroiliac joint injections are not indicated in the absence of multiple provocative tests being positive, and in the presence of facet joint arthropathy. The documents provided in the medical record do suggest positive features of facet arthropathy. As such, the use for sacroiliac joint injections is not medically necessary at this time. The guidelines do not support the use for that diagnosis; therefore, the request for bilateral sacroiliac joint injections is non-certified.