

Case Number:	CM14-0106959		
Date Assigned:	09/18/2014	Date of Injury:	08/02/2004
Decision Date:	10/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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 is a 65-year-old male with a 08/02/2004 date of injury. A specific mechanism of injury was not described. 6/26/14 determination was non-certified given no documentation of objective functional response from the previous injection. 9/9/14 medical report identified low back pain radiating to the left leg, rated at 7/10, with numbness/tingling of the left leg and weakness in the bilateral legs. Exam revealed moderate tenderness with palpation of the sacroiliac joint. Injured worker has tender lumbar spine with extension, manual muscle tenderness 5/5 bilaterally. There were no sensory deficits. Deep tendon reflex (DTRs) knee and ankle 1 and symmetric in the lower limbs bilaterally. Quadrant loading maneuvers were positive. There were several other medical reports provided for review which included very similar findings as the ones described above. Diagnoses included SI joint pain, lumbar degenerative joint disease (DJD)/spondylosis without myelopathy, and lumbar radiculopathy. Treatment to date included epidural injections and other nerve blocks, chiropractic manipulation, acupuncture, physical therapy (PT), medications, and left sacroiliac injection in 5/8/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac injection with 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-TWC Hip and Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvic Chapter

Decision rationale: CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. 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. The patient underwent a left sacroiliac joint injection in 5/8/13. There was no indication if this was performed with or without steroids. There was also no indication of any pain relief from the injection, or the duration of such. In addition, the physical exam findings did not clearly identify the SI joint as pain generator; there was only tenderness and no specific testing for SI joint dysfunction were documented. The medical necessity was not substantiated.