

Case Number:	CM14-0126199		
Date Assigned:	08/13/2014	Date of Injury:	09/30/2006
Decision Date:	09/25/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Occupational Medicine 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:

The patient is a 85-year-old male who has submitted a claim for axial low back pain and right lower extremity radiculopathy, associated with an industrial injury date of September 30, 2006. Medical records from 2014 were reviewed. The latest progress report, dated 03/10/2014, showed axial low back pain with numbness and tingling going down the right leg. There was increasing pain in the back with weakness going down the right leg with walking more than about 30-40 feet. The leg started to burn and tingle. Physical examination revealed midline tenderness below the level of the iliac crest at approximately L4-L5 as well as L5-S1. There was some generally adjacent mild paraspinal tenderness in the lower lumbar muscles. The range of motion of the lumbar spine was quite stiff. There was weakness in the right extensor hallucis longus. There was positive straight leg raise on the right side in the sitting position as well as in the supine direction at approximately 30 degrees. There were patchy reports of numbness in the posterolateral calf and also on the outside of the right foot. Treatment to date has included right L4-5 epidural steroid injection (04/30/2014) and medications. Utilization review from 07/30/2014 denied the request for right sacroiliac joint injection because only medication management had been trialed and failed. Furthermore, medical review revealed positive FABER's and compression tests only and according to the current guidelines at least 3 positive exam findings were required. Lastly, the patient benefited from the initial epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, page 300 Official Disability Guidelines: Hip & Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP AND PELVIS, SACROILIAC JOINT BLOCKS.

Decision rationale: According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines (ODG) criteria for SI joint injections include: clinical sacroiliac joint dysfunction; failure of at least 4-6 weeks of aggressive conservative therapy; and history and physical exam should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, the most recent progress report, dated 03/10/2014, showed physical examination of only 1 positive exam finding, which is straight leg raising test. Furthermore, there was no objective evidence of failure of aggressive conservative therapy to manage pain, such as physical therapy. The guideline recommends SI joint injections when there is failure of at least 4-6 weeks of aggressive conservative treatment to manage pain. It also states that SI injections are of questionable merit. The medical necessity has not been established because guideline criterion was not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Right Sacroiliac Joint Injection is not medically necessary.