

Case Number:	CM14-0147765		
Date Assigned:	09/15/2014	Date of Injury:	04/11/2009
Decision Date:	12/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 48 year old male with an injury date of 04/11/09. Based on the progress report dated 04/03/14, the patient complains of back pain predominantly on the right side without much leg pain. Physical examination reveals right SI joint tenderness and a positive right Patrick's test. As per progress report dated 05/12/14, the patient is status post right knee diagnostic and operative arthroscopy. Physical examination, as per progress report dated 06/20/14, shows tenderness to palpation bilaterally in the posterior lumbar musculature with increased muscle rigidity. There are numerous, tender trigger points along lumbar paraspinal muscles. The lumbar spine shows decreased range of motion with obvious muscle guarding. The report also states that the patient injured his lower back in April 1994 and underwent extensive conservative therapy followed by L4-5 discectomy in 1994. He underwent L4-5 and L5-S1 disc replacement in 2005 and lumbar facet rhizotomy at L3-4 in 01/14. Patient received SI joint injection three years ago. He has also had epidural steroid injections in the past, as per the same progress report. Medications, as per progress report dated 04/03/14, include Abilify, Norco and Pristiq. Patient underwent right knee arthroscopy on 10/04/13. Diagnosis, 04/03/14; Degenerative Lumbar/Lumbosacral IV Disc; Lumbosacral Spondylosis; Right SI Joint Pain. The treating physician is requesting for Right Sacroiliac Joint Injection under Fluoroscopy x 1. The utilization review determination being challenged is dated 08/22/14. The rationale was "limited documentation of the claimant's current objective and functional deficits regarding the right sacroiliac joint." Treatment reports were provided from 05/01/14 - 04/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection under fluoroscopy x 1: 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 & Pelvis Procedure Summary last updated 03/25/2014: Criteria for use of Sacroiliac Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic' and title 'Sacroiliac Joint Injections (SJI).

Decision rationale: The patient presents with back pain predominantly on the right side without much leg pain. Physical examination reveals right SI joint tenderness and a positive right Patrick's test, per progress report dated 04/03/14. The request is for Right Sacroiliac Joint Injection Under Fluoroscopy X 1. The ODG guidelines, chapter 'Low back - Lumbar & Thoracic' and title 'Sacroiliac Joint Injections (SJI)' state "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy." ODG guidelines, chapter 'Hip & Pelvis' Title 'Sacroiliac blocks', also requires "at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." and states that "In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year." For SI joint injection, three positive SI joint provocative examination findings are also required. In this case, the patient received sacroiliac joint injection two years ago, as per progress report dated 04/03/14. In the report the patient states that 'the best relief he has ever had come from the right SI joint injection.' The treating physician is requesting for another injection "as it has been the most effective treatment in the past." However, the treating physician does not quantify pain reduction and functional improvements are not provided including medication reduction following prior SI joint injection. More importantly, current physical examination does not document three SI joint maneuvers. Exam shows myofascial pain condition. The request is not medically necessary.