

Case Number:	CM14-0150894		
Date Assigned:	09/19/2014	Date of Injury:	06/11/2009
Decision Date:	12/11/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 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 61-year-old female with a 6/11/09 date of injury. The patient underwent sacroiliac joint block and arthrogram on 5/12/11 and left L3-S1 radiofrequency medial branch neurotomies on 3/17/11, 8/30/11, 10/11/11, 4/10/13 and 5/30/14. The patient was seen on 8/20/14 with complaints of worsening 8/10 left sacroiliac pain, 5/10 left hip pain and lower back pain. Exam findings of the left hip revealed tenderness over the groin, SI joint and trochanter. The FABER test, Ganslaen's test, Gillett's test and Fortin's test were positive. The sensory was decreased over left L5 and S1 dermatomes the patient was not able to heel and toe walk. The diagnosis is thoracic/lumbosacral neuritis and radiculitis, sacroilitis, lumbago, probable left piriformis syndrome and left S1 joint issue. Treatment to date: multiple medial branch neurotomies, SI joint block, home exercise program, work restrictions and medications. An adverse determination was received on 9/8/14 for a lack of documentation with response to prior injection and lack of evidence of SI inflammatory condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI Joint Injection Left Side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Pelvis Chapter, Sacroiliac Joint Injections)

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). If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least 70 percent pain relief recorded for this period and in the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection; provided that at least 70 percent pain relief is obtained for 6 weeks. However, the patient had 3 positive findings on the physical examination suggesting the diagnosis of SI dysfunction, there is a lack of documentation indicating that the patient underwent aggressive conservative treatment for at least 4-6 weeks. In addition, the notes stated that the patient received the SI injection in 2011; however there is a lack of documentation indicating the percentage in the patient's pain relief and the duration of pain relief. Therefore, the request for SI Joint Injection Left Side was not medically necessary.