

Case Number:	CM14-0154841		
Date Assigned:	09/24/2014	Date of Injury:	10/09/1999
Decision Date:	12/15/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/22/2014

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 male with a 10/9/1999 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/5/14 noted subjective complaints of persistent low back and buttock pain. Objective findings included positive Patrick's maneuver on the right. There is positive sciatic notch tenderness on the right. A progress report dated 6/10/14 notes that the patient has previously undergone SI joint injection. The patient noted that the first injection was helpful, but the second did not provide any relief. Diagnostic Impression: Lumbar disc displacement, lumbosacral spondylosis, and neck pain. Treatment to Date: medication management, physical therapy, ESI, SI joint injections. A UR decision dated 8/23/14 denied the request for right SI joint injection, Sacroiliac joint arthrogram with fluoroscopic guidance and IV sedation. Documentation in this case does not identify 3 positive exam findings to support the SI joint as the main pain generator. Additionally, per 6/10/14 progress note, the patient previously underwent SI joint injections reporting the first injection was helpful but the second injection did not provide any relief. Therefore, repeat injection is not medically necessary and not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI joint injection, Sacroiliac joint arthrogram with fluoroscopic guidance and IV sedation: 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) Hip, Pelvis Chapter, Sacroiliac joint blocks

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). However, in the documents available for review, there is no positive physical exam finding documented to support the diagnosis of SI joint dysfunction. Additionally, the 6/10/14 progress report notes that the most recent prior SI joint injection did not help at all. Repeat injections are only considered if prior therapeutic injection resulted in >70% relief for at least 6 weeks. Therefore, the request for right SI joint injection, sacroiliac joint arthrogram with fluoroscopic guidance and IV sedation was not medically necessary.