

Case Number:	CM14-0020187		
Date Assigned:	04/25/2014	Date of Injury:	02/16/2010
Decision Date:	07/17/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 49-year-old female who has reported the gradual onset of low back pain since 2003, attributed to usual office work activity, with a listed injury date of 02/16/10. She has been diagnosed with lumbar disk disease, sacroiliac joint arthropathy, radiculopathy and hip pain. Treatment has included an L4-5 and L5-S1 fusion, physical therapy, various pain injections, and medications. Per an orthopedic evaluation on 12/18/13, an epidural steroid injection was given on 6/1/12, and gave pain relief for 3 weeks. A sacroiliac injection on 6/4/12 gave 80% pain relief (no duration or other details listed) Per the report from that same orthopedic surgeon on 01/31/14, there was ongoing low back pain, hip joint pain, left sided positive FABER, positive compression and pelvic rotation tests, pain with lumbar range of motion, and lumbar tenderness. A radiograph is reported to show "mild right sacroiliac joint arthropathy". The last sacroiliac injection on 6/4/12 was reported to have provided 80% improvement (no duration or other details given). A list of proposed injections was offered as the treatment plan, including a sacroiliac injection. On 1/31/14 Utilization Review non-certified a left sacroiliac joint injection, noting the lack of details regarding the last sacroiliac injection results, and the lack of sufficient conservative care per the cited guidelines (Official Disability Guidelines). This Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, sacroiliac blocks.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not provide direction for sacroiliac injections. The Official Disability Guidelines provide specific direction and are used instead. There are no original reports of the injection(s) in June 2012. The current treating physician has stated that the injured worker had an epidural steroid injection and a sacroiliac injection within days of each other. This is not typical but presumably the treating physician is correctly citing the records. Assuming these two different injections were given with 3 days of each other, it would not be possible to determine the outcome of either injection alone. The current treating physician has not described the specific results with respect to functional improvement after the injections, as functional improvement is the outcome measure recommended in the MTUS. The duration of pain relief after the sacroiliac injection was not stated. The Official Disability Guidelines lists several criteria for a sacroiliac injection, including a failed course of specific physical therapy and medications. Pain relief after the injection should be concordant with the injectate; the treating physician has not stated what was injected. The currently proposed sacroiliac injection is not medically necessary because the injured worker does not meet the guideline criteria, including failed conservative care and a clearly documented post-injection period of pain relief and functional improvement as per the guidelines. And since two dissimilar injections were given at nearly the same time, it is not possible to draw any firm conclusions about specific benefit from either injection.