MAXIMUS Federal Services

Case Number:	CM14-0021166		
Date Assigned:	05/07/2014	Date of Injury:	04/18/2008
Decision Date:	08/04/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 male patient with a 4/18/08 date of injury. 1/28/14 progress report indicates persistent low back pain, radiculopathy, coccydynia, bilateral SI joint pain, depression, and sleep disturbance. Physical exam demonstrates decreased sensation in the right L3-S1 dermatomes, diminished deep tendon reflexes in the ankle left side, multiple weakness in the left ankle dorsi flexion and weakness in the quadriceps and hamstrings. There is left hip flexor weakness. There is focal tenderness of the lateral SI joints was positive for location tests. There is decreased lumbar range of motion.Treatment to date has included medication, 3 level fusion with instrumentation, TENS unit, SI joint injections, caudal epidural steroid injections, activity modification. There is documentation of a previous 1/31/14 adverse determination because radicular findings were not addressed first and lack of adequate trials of lower levels of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC JOINT INJECTIONS BILATERALLY: Upheld

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

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, Sacroliac joint injections)X Other Medical Treatment Guideline or Medical

Evidence: Joint Bone Spine. 2006 Jan;73(1):17-23. : Hansen HC, et. al. Sacroiliac joint interventions: a systematic review. Pain Physician. 2007 Jan;10(1):165-84. Review.: Rupert MP, et. al. Evaluation of sacroiliac joint interventions: a systematic appraisal of the literature. Pain Physician. 2009 Mar-Apr;12(2):399-418.

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, the patient's objective functional response to previous SI joint injection was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. There remains strong clinical evidence of radiculopathy, and it is unclear why radicular complaints are not addressed first. On physical exam, there is no clear documentation of which SI joint provocative tests are currently positive. Therefore, the request for SACROILIAC JOINT INJECTIONS BILATERALLY was not medically necessary.