

Case Number:	CM13-0028425		
Date Assigned:	11/27/2013	Date of Injury:	10/02/2008
Decision Date:	11/25/2015	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

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 injured worker is a 59 year old female who sustained an industrial injury on 10-02-2008. According to the most recent office visit on 06-17-2013, chief complaints included right lower back pain and right lower extremity lumbar radiculopathy. She continued to have "good" pain control with current medication regimen. Numbness, pressure and cramping were noted. Current pain rating (good day) was 3 on a scale of 1-10. Current pain rating (bad day) was 8. Previous treatments included nerve blocks, injection, epidural steroids, narcotic pain medication and physical therapy. Active medications included Potassium, Chlorthalidone, Fluoxetine, Naproxen and Baclofen. Physical examination was documented as: well nourished, well hydrated and no acute distress. Assessment included lumbar radiculopathy, herniated disc lumbar, muscle strain, hamstring muscle partial tear and ischial tuberosity bursitis. Prescriptions were provided for Nucynta. The treatment plan included Nucynta, urine toxicology screen, home exercise program and follow up with named provider for carpal tunnel surgery. Follow up was indicated for 8 weeks. Work status was noted as permanent and stationary. On 08-26-2013, Utilization Review non-certified the request for one right sacroiliac joint injection under fluoroscopic guidance and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right sacroiliac (SI) joint injection under fluoroscopic guidance and anesthesia:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac Joint Injections.

Decision rationale: Sacroiliac joint injections (SIJ) are recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Criteria for the use of SIJ blocks include that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including, physical therapy (PT), home exercise and medication management. In this case there is no documented sacroiliac pain to palpation and no documentation that the SIJ is the source of the patient's pain. There is no specific indication for the requested SIJ injection. Medical necessity for the requested procedure is not established. The requested procedure is not medically necessary.