

Case Number:	CM14-0127318		
Date Assigned:	08/18/2014	Date of Injury:	07/12/2002
Decision Date:	04/07/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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. 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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 70 year old male with an industrial injury dated 07/12/2002 which resulted from a fall. His diagnoses include lumbago with intractable pain, bilateral radiculopathy (right > left), facet joint arthropathy, and sacroiliac joint arthropathy bilaterally. Recent diagnostic testing was not submitted or discussed. He has been treated with activity restrictions, medications, physical therapy, multiple epidural steroid injections (01/27/2012, 06/03/2013, 03/10/201), lumbar radiofrequency ablation (08/24/2012), facet injections (06/22/2012) sacroiliac injection 06/23/2014), and hearing aids. In a progress note dated 07/08/2014, the treating physician reports low back pain with a pain severity rating of 3-4/10. The objective examination revealed some mild sciatic notch tenderness bilaterally with some mild positive straight leg raising, focal tenderness over the facets with positive provocation, tenderness over the sacroiliac joints, sensory deficits to light touch in the right lower extremity, weakness in the right lower extremity, diminished reflexes in the right ankle, and decreased range of motion in the lumbar spine. The treating physician is requesting bilateral sacroiliac joint injections with image guidance which was denied by the utilization review. On 08/01/2014, Utilization Review non-certified a request for bilateral sacroiliac joint injections with image guidance, noting that the initial sacroiliac injections were completed only 2 weeks prior to the request for additional injections, and the lack of continued post injection improvement. The ODG Guidelines were cited. On 08/11/2014, the injured worker submitted an application for IMR for review of bilateral sacroiliac joint injections with image guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections with image guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis-Acute & Chronic) (updated 03/25/14) Sacroiliac joint blocks.

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, Sacroiliac Joint Blocks.

Decision rationale: The official disability guidelines indicate that the criteria for sacroiliac joint blocks includes three positive physical examination findings were SI joint related pain. The progress note dated July 8, 2014 only includes findings of SI joint tenderness with no other testing to indicate SI joint pain. Additionally, the injured employee has had a recent prior SI joint injection without lasting pain relief. For these reasons, this request for bilateral sacroiliac joint injections are not medically necessary.