MAXIMUS Federal Services

Case Number:	CM14-0174134		
Date Assigned:	10/24/2014	Date of Injury:	05/25/2012
Decision Date:	02/09/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal Medicine, 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:

The patient is a 57 year old female who was seen by her MD on 9/24/14 for her injury dating 5/25/12.The patient complained of bilateral lumber pain, right greater than left and persistent severe right lumbar pain and right buttocks pain.There is also noted to be acute muscle spasm.She was on Norco and Naprosyn.Exam showed tenderness to palpation of the lumbar paraspinal muscles over bilateral L3-4,L4-5,L5-S1 facet joints.Also, decrease in ROM was noted.SI provocative maneuvers were noted to be positive on the right.The diagnoses were 1-right SI joint pathology,2-L4-5 decompression,3-S/P laminectomy syndrome,4-s/p lumbar facet joint injection,5- lumbar facet joint arthropathy,6-chronic lumbar pain,and 7-L4-S1 lumbar decompression.Patient was noted to have failed PT,NSAID,and conservative treatment and a right SI joint injection under fluoroscopy was suggested.Also,Norco was d/c'd and the patient was started on Percocet.The UR rejected the request for the SI injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection under fluoroscopic guidance with moderate 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 (acute &chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date topic 252 and version 8.0 and topic 7768 and version 18.0.

Decision rationale: Posterior hip pain or gluteal pain is most often a sign of sacroiliac joint disease,lumbar radiculopathy,H Zoster,or an unusual presentation of hip pain.The SI joint is palpated for local tenderness, because Si joint pathology will cause focal tenderness over an area of about 3 cm. in diameter over the joint.Effective methods for treating SI joint pain without spondyloarthopathy are controversial.There are no trials of the use of intraarticular sacroiliac joint ,or SI joint, injection in patients without spondyloarthropathy.There is one small trial that found periarticular injection of theSI joint more effective than local anesthetic injection for pain relief.However,the results should be considered preliminary, due to the small sample size and the short term afforded for follow up.There ,is however no need for xray guidance for this injection,.We note that in the above patient there is no documentation of local tenderness over the SI joint and that SI joint injections are controversial with no studies to support them.Also, the MD is requesting fluoroscopic guidance and there is no need for xrays in the periarticular injection procedure.One wonders whether this would be necessary in an injection of the joint.Because of these considerations the UR was justified in its refusal to authorize the procedure.