

Case Number:	CM14-0186999		
Date Assigned:	11/17/2014	Date of Injury:	01/30/1984
Decision Date:	01/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a male patient with the date of injury of January 30, 1984. A utilization review determination dated October 16, 2014 recommends non-certification of a bilateral sacroiliac joint injection. A progress note dated October 3, 2014 identifies subjective complaints of numbness and tingling in the left lower extremity, and a pain score of 3 out of 10. The physical examination reveals sensation is intact to light touch in bilateral upper and lower extremities, full range of motion, and there is no tenderness to palpation along the lumbar spinous processes or paraspinous musculature. The diagnoses include bilateral sacroiliac joint pain right greater than left, failed back syndrome, and neuropathic pain in left lower extremity secondary to a combination of failed back syndrome and diabetes. The treatment plan recommends a prescription for gabapentin 300 mg 1Q HS, continue with tramadol extended release 150 mg, and the patient states that he is not interested in a bilateral sacroiliac joint injection and would like to maintain with his care without any intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection: 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), Low Back (updated 08/22/14) and Hip & Pelvis (updated 03/25/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks

Decision rationale: Regarding the request for bilateral sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. Additionally, it appears that the patient is not interested in proceeding with any interventional injection as per the documentation. In the absence of clarity regarding these issues, the currently bilateral sacroiliac joint injections are not medically necessary.