

Case Number:	CM14-0193914		
Date Assigned:	12/01/2014	Date of Injury:	03/09/2001
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/09/01 when, while working as a Senior Executive Assistant, she injured her low back while moving boxes. Treatments included chiropractic care and physical therapy without pain relief. She underwent lumbar spine surgery in December 2006, a second surgery in 2008, and a third surgery in 2009. A spinal cord stimulator was placed in 2010. She was seen by the requesting provider on 05/29/14. She was having bilateral buttock pain radiating into her legs. Pain was rated at 8-9/10 and was increased by the end of the day. She was having progressive lower extremity weakness. She had decreased lumbar spine range of motion with severe muscle spasms. Physical examination findings included severe pain over the sacroiliac joints with positive Gaenslen, Fabere, and sacroiliac joint stress testing. She had decreased lumbar spine range of motion. There was positive straight leg raising producing radicular symptoms. She had a mildly antalgic gait. There was decreased right lower extremity strength. Authorization for a sacroiliac joint injection was requested. Medications included oxycodone, OxyContin, Norco, Celexa, Valium, gabapentin, glucosamine, phentermine, and vitamins. On 07/03/14 she had worsening pain. Her spinal cord stimulator was reprogrammed. The claimant underwent a right sacroiliac joint injection on 08/27/14. The injection was done with fluoroscopic guidance and confirmation of intra-articular placement was done with Isovue. Monitored sedation was used during the injection. Local anesthesia was used, with 10 ml of 2% Xylocaine. On 10/23/14 there had been 50% improvement and increased range of motion lasting for six weeks after the injection. Authorization for a second injection and for an interferential unit were requested. On 11/13/14 she was having ongoing symptoms. Placement of a percutaneous stimulator was recommended. Neurontin 300 mg #60, oxycodone 20 mg #30, Valium 10 mg #120, Celexa 20 mg #30, and Terocin patch and lotion were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second right sacroiliac joint injection under fluoroscopic 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 (ODG), Hip & Pelvis Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196-197.

Decision rationale: The claimant is nearly 15 years status post work-related injury and continues to be treated for bilateral buttock pain radiating into her legs. She underwent a right sacroiliac joint injection which included local anesthetic at a large volume of 10 mL. Guidelines recommend against sacroiliac joint injections for subacute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints, without evidence of inflammatory sacroiliitis (rheumatologic disease). In this case, there is no evidence by imaging or lab testing or by history of an inflammatory spondyloarthropathy. Additionally, a large volume injection was performed which would not be considered diagnostic in terms of differentiating between pain conditions. Therefore the requested repeat sacroiliac joint injection was not medically necessary.