

Case Number:	CM14-0195197		
Date Assigned:	12/03/2014	Date of Injury:	06/09/2011
Decision Date:	01/14/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/21/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old woman who sustained a work related injury on June 9, 2011. Subsequently, she developed chronic low back pain. Prior treatments included: anti-inflammatory medications, pain management and injections, physical therapy, chiropractic, acupuncture, epidural steroid injections (helpful), minimally invasive lumbar decompression in September of 2012, XLIF L4-5 on April 9 and 10 of 2013, and left SI joint injection On May 21, 2014. According to a progress report dated July 7, 2014, the patient reported residual back pain and intermittent leg pain bilaterally. Examination of the lumbar spine revealed slight pain to palpation of the paraspinal muscle spasms and over the left SI joint; decreased range of motion; motor were all 5/5; normal sensation; 2+ deep tendon reflexes; straight leg raise was positive bilaterally; Faber was positive at left sacroiliac joint. Examination of the cervical spine revealed pain to palpation over the C5-6, C6-7 with left paracentral muscle spasm in the cervical spine; decreased range of motion due to pain; Spurling's was positive. The progress report dated November 10, 2014 documented improvement in the patient's symptoms since the epidural injection of November 2014. Examination of the lumbar spine revealed slight pain to palpation of the paraspinal muscle spasm area. Range of motion was restricted by pain. Motor strength 5/5. Normal sensation in both lower extremities. Straight leg raise caused low back pain. Sacroiliac joints were tender, positive Faber's on the left sacroiliac joint. The patient was diagnosed with spondylolisthesis at L4-5, Grade I, with annular tear; status XLIF with significant improvement of leg pain postoperatively with residual back pain; cervical disc protrusions at C5-6 and to a lesser extend at C4-5 and C6-7; and left sacroiliitis. The provider requested authorization for One Left SI (Sacroiliac) Joint Injection with Fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Left SI (Sacroiliac) Joint Injection with Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. Therefore, the requested for One Left SI (Sacroiliac) Joint Injection with Fluoroscopy is not medically necessary.