

Case Number:	CM14-0196349		
Date Assigned:	12/04/2014	Date of Injury:	01/19/2010
Decision Date:	01/15/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old male with a 1/19/10 date of injury and status post bilateral L5-S1 decompression and fusion 3/5/13. At the time (11/20/14) of request for authorization for repeat right sacroiliac joint injection, there is documentation of subjective (low back pain radiating into the right buttock, thigh, and lateral right ankle) and objective (point tender at the right sacroiliac sulcus, positive pain with shear force, compression testing, and external rotatory force to the sacroiliac joint) findings, current diagnoses (disorders of sacrum, arthralgia of the pelvic region and thigh), and treatment to date (sacroiliac joint injection and medications). There is no documentation of at least >70% pain relief for 6 weeks with previous injection and that 2 months or longer have elapsed since previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right 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) Hip & Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, SI Joint Injection

Decision rationale: MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least >70% pain relief obtained for 6 weeks, that 2 months or longer have elapsed between each injection, and that the injection is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of repeat SI joint injection. Within the medical information available for review, there is documentation of diagnoses of disorders of sacrum, arthralgia of the pelvic region and thigh. However, given documentation of a request for report right sacroiliac joint injection, there is no documentation of at least >70% pain relief for 6 weeks with previous injection and that 2 months or longer have elapsed since previous injection. Therefore, based on guidelines and a review of the evidence, the request for repeat right sacroiliac joint injection is not medically necessary.