

Case Number:	CM14-0205295		
Date Assigned:	12/17/2014	Date of Injury:	09/21/2004
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 New York. 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 injured worker is a 50 year old woman with a date of injury of 9/24/04. She was seen for an initial worker's compensation evaluation on 10/28/14 with complaints of low back pain radiating to the buttocks and left lower extremity. She is status post numerous therapeutic treatments including several surgeries, chiropractic and physical therapy, rhizotomy and facet injections. Her exam showed normal gait, bilateral lumbar spinous tenderness and left sacroiliac joint tenderness. Her strength was normal and she had negative straight leg raises. Her diagnoses included status post L3-S1 fusion and arthrodesis/fusion, lumbago and sacroiliac ligament sprain/strain. She was receiving norco for pain and a left sacroiliac joint injection was recommended which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Sacroiliac Injection under Fluoroscopy and Sedation between 10/31/2014 and 12/15/2014: 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), 11th Edition (web), 2014, Hip & Pelvis/ Sacroiliac Joint Blocks, Criteria for the use of Sacroiliac Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Subacute and Chronic Low Back Pain: Nonsurgical Interventional Treatment

Decision rationale: There are no randomized trials of intra-articular sacroiliac joint steroid injection in patients without spondyloarthropathy. One small randomized trial with 24 patients found a periarticular sacroiliac joint glucocorticoid injection was more effective than local anesthetic injection for pain relief in patients with chronic pain in the sacroiliac joint area, one month after injection. These results are considered preliminary, due to the small sample size and short follow-up time period. This injured worker has a diagnosis lumbago and sacroiliac ligament sprain/strain but not spondyloarthropathy. She has had multiple other procedures including rhizotomy, surgery and facet injections without relief. The rationale for a sacroiliac joint injection at this point is not documented in the note. The medical records do not substantiate the medical necessity of bilateral sacroiliac joint injections; therefore, the request is not medically necessary.