

Case Number:	CM15-0003561		
Date Assigned:	01/14/2015	Date of Injury:	03/14/2002
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female, who sustained an industrial injury on March 14, 2002. She has reported low back pain. The diagnoses have included lumbosacral degenerative disc disease and lumbosacral radiculopathy. Treatment to date has included sacroiliac joint injections and pain medication. Currently, the injured worker complains of increased back pain. The injured worker reported that she had excellent relief with a previous sacroiliac joint injections and then pain returned. On December 18, 2014 Utilization Review non-certified a request for sacroiliac joint injection, noting that the documentation did to establish long-term reduction of pain symptoms with previous injections. The Official Disability Guidelines were cited. On January 7, 2015, the injured worker submitted an application for IMR for review of sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI Joint injection x1: 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 and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis chapter

Decision rationale: The patient presents with significant pain in both SI joints. The current request is for SI Joint injection x1. The treating physician dated 12/1/14 (33b) notes the following regarding the bilateral SI injections performed on 8/28/14: the patient got two months of excellent relief with the injection and then the pain started to come back. As these are giving her good relief I am going to precede with one more injection. MTUS does not address sacroiliac joint injections, however, ODG guidelines recommend SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation has addressed other possible pain generators; and there has been at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management that has failed. Additionally ODG states, in the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least 70% pain relief is obtained for 6 weeks. In this case, the treating physician has documented pain relief lasting longer than 6 weeks, however, the clinical history provided does not document 3 positive exam findings for SI joint syndrome, that other possible pain generators had been addressed and/or the failure of 4-6 weeks of aggressive conservative therapies. The current request is not medically necessary and therefore the recommendation is for denial.