

Case Number:	CM15-0100788		
Date Assigned:	06/03/2015	Date of Injury:	09/26/2006
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female injured at work on September 26, 2006. Current diagnoses included cervical disc disease; cervical radiculopathy; lumbar radiculopathy; lumbar facet syndrome; right sacroiliac joint arthropathy. Comorbid conditions includes obesity (BMI 30.7). Treatment to date has included physical therapy, chiropractic therapy, lumbar spine fusion, L5-S1 anterior disc replacement, medications, home exercise program and cervical spine epidural steroid injections. A progress note dated May 5, 2015 documents subjective findings of unchanged cervical spine pain rated at a level of 7/10; increased lumbar spine pain rated at a level of 9/10; radicular symptoms have improved but with increased pain with extension and lateral bending. Objective findings showed moderate tenderness to palpation noted over the cervical paravertebral musculature extending to the trapezius muscles, right greater than left with spasm; positive Spurling's sign bilaterally; tenderness to palpation noted over the cervical facet joints; decreased range of motion of the cervical spine; decreased muscle strength of the right shoulder and bilateral elbow flexors; moderate tenderness to palpation noted over the lumbar paravertebral musculature with spasm; tenderness to palpation over the left piriformis muscle with referred pain to the left thigh and gluteal muscles; moderate facet tenderness to palpation noted at the L3 through S1 levels; positive sacroiliac tenderness bilaterally; decreased range of motion of the lumbar spine. The treating physician documented a plan of care that included a left sacroiliac joint injection or block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection or block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48; Chp 12 pg 300-1. Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: <http://www.guideline.gov/content.aspx?id=45379#Section42>.

Decision rationale: The sacroiliac (SI) joint joins the sacrum with the iliac bones of the pelvis. Dysfunction of this joint can cause low back pain and/or leg pain. Injection of this joint can be done for either diagnostic or therapeutic use. The American Society of Interventional Pain Physicians (ASIPP) found good evidence for diagnostic blocks of the SI joint but only limited evidence for therapeutic blocks of the same joint. When used diagnostically, these injections ensure the patient's symptoms are associated with the SI joint. A therapeutic injection is used as a treatment for the patient's symptoms. ACOEM guidelines note that local injections and facet-joint injections have questionable merit, giving the most benefit during patient transition from acute pain to chronic pain. When injection of medications (corticosteroids and anesthetics) are used, these guidelines recommend the injection be reserved for patients who do not improve with more conservative therapies and recommend the therapeutic injections are coupled with an exercise rehabilitation program. This patient has chronic pain in her lower back. Some of this pain may be attributed to the SI joint. The patient has not had an injection in this joint so it must be assumed that the provider has requested the injection for diagnostic purposes, however, the records do not state that the injections are for diagnostic or therapeutic reasons. The patient has had conservative treatment without full resolution of her symptoms. This procedure is within the guidelines as noted above. Considering all the above information, this procedure is medically necessary.