

Case Number:	CM15-0102126		
Date Assigned:	07/24/2015	Date of Injury:	11/04/1993
Decision Date:	08/25/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 72 year old male patient who sustained an industrial injury on 11/4/93. The diagnoses include chronic pain, sacroiliitis nec, degenerative lumbar/ lumbosacral intervertebral disc and thoracic/lumbosacral neuritis/radiculitis. Per the progress report dated 4/27/15 he had complaints of low back pain. He has had a severe flare up of right low back and SI joint pain. The physical examination revealed tenderness of the right SI joint; normal painless range of motion of the lumbar spine, normal strength and sensation; an antalgic gait favoring the right side; positive FABER test on the right; hyporeflexic reflexes in the lower extremities. The medications list includes norco, tramadol and topamax. He has had physical therapy and chiropractic therapy for this injury. Plan of care includes: goal is to return to productive activity at home and socially and increase ability to self manage pain control, discussed risks and benefits of medication, refilled norco, Tramadol and topamax and recommend diagnostic ultra sound of SI joint with possible injection. His work status is that he is retired. Follow up after ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) diagnostic U/S right S1 joint with possible 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 (Acute & Chronic): Ultrasound (Sonography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 08/17/15), Ultrasound (Sonography), Sacroiliac injections, therapeutic.

Decision rationale: One (1) diagnostic U/S right S1 joint with possible injection. Per the cited guidelines: "Ultrasonography does not play a significant role in the routine evaluation of hip fractures. However, although sonography demonstrates similar abnormalities of the soft tissues to MR, but MR imaging is able to demonstrate intraosseous and articular abnormalities and offers a better anatomic overview because of its larger field of view, whereas sonography offers dynamic evaluation and can provide real-time guidance for percutaneous procedures. (Miller, 2005)" In addition, per the cited guidelines, regarding SI joint injection: "Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections, conservative treatment is recommended. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. There is some evidence of success of treatment with injections for inflammatory spondyloarthropathy, although most rheumatologists now utilize biologic treatments (anti-TNF and/or disease modifying antirheumatic drugs) for treatment." The request of diagnostic ultrasound is for possible SI joint injection. Evidence of inflammatory spondyloarthropathy is not specified in the records provided. Patient has had physical therapy and chiropractic therapy. Failure of these conservative therapies is not specified in the records provided. The request is not medically necessary.