MAXIMUS Federal Services

Case Number:	CM15-0137146		
Date Assigned:	07/27/2015	Date of Injury:	04/04/2010
Decision Date:	08/24/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/15/2015

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:

The injured worker is a 49 year old male who sustained an industrial injury on 04/04/2010. The injured worker was diagnosed with lumbar radiculopathy with discogenic disease, bilateral chronic knee pain with patellofemoral arthrosis, cervical radiculitis with temporomandibular (TMJ) dysfunction and headaches. Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) in February 2015, knee injections, knee hinged brace and medications. There were no other therapies or surgical interventions documented. According to the primary treating physician's progress report on April 29, 2015, the injured worker continues to experience low back and neck pain. Examination demonstrated marked paralumbar tenderness was greater on the right with hypertonia in the paraspinous muscles and tenderness extending into the right sciatic notch. Straight leg raise was positive on the right side at 15 degrees. The paracervical region was tender to palpation with muscle guarding. The right knee documented medial and lateral joint line tenderness without posterior aspect tenderness. Right knee injection was repeated at the office visit. Current medications are listed as Percocet 10/325mg and Fioricet for headaches. Treatment plan consists of repeat Kenalog injections to right knee (April 29, 2015), cervical spine magnetic resonance imaging (MRI), referral for bite block, Botox injections for headaches, continue right knee hinged brace and the current retrospective request for left sacroiliac joint injection with ultrasound guidance (DOS: 5/15/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective left sacroiliac joint injection with ultrasound guidance for date of service 5/15/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Sacroiliac Joint Block Vanelderen, P., et. al. 13 Sacroiliac Joint Pain (Evidence-based Interventional Pain Medicine according to Clinical Diagnoses) Pain Practice, 2010 Volume 10; 5: 470-478.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis/ Sacroiliac joint blocks.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and do not recommend sacroiliac (SI) block unless there has been at least several weeks of aggressive conservative care (physical therapy) to address this specific diagnosis. This is a new diagnosis with new physical findings and no conservative care was trialed prior to the injections. Under these circumstances, the Retrospective left sacroiliac joint injection with ultrasound guidance for date of service 5/15/1 was not supported by Guidelines and is not medically necessary.