MAXIMUS Federal Services

Case Number:	CM15-0137660		
Date Assigned:	07/27/2015	Date of Injury:	08/04/2011
Decision Date:	08/25/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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 75 year old man sustained an industrial injury on 8/4/2011. The mechanism of injury was not detailed in the records available for review. Diagnoses include thoracic or lumbar neuritis or radiculitis, lumbar sprain, bilateral facet arthropathy, and sacroiliac joint arthropathy. Treatment has included lumbar epidural steroid injection, oral medications and bilateral sacroiliac joint injections (reduced pain by 60%). Physician notes on a PR-2 dated 6/25/2015 show complaints of continued low back pain. On exam there was minimal tenderness over mid lumbar spine. Recommendations include repeat sacroiliac joint injections, refill medications, and possible future radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9; Chp 12 pg 300, 309. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: There is limited research-based evidence or random controlled studies to endorse or disapprove use of corticosteroid injections for care of sacroiliac (SI) pain. According to ACOEM and American Society of Interventional Pain Physicians (ASIPP) guidelines, injection of these medications should be reserved for patients who do not improve with more conservative therapies. There is limited evidence for repeat or therapeutic SI injections. There is better research-based evidence to consider cooled radiofrequency neurotomy when considering more invasive sacroiliac treatments and the ASIPP recommends this procedure for therapeutic intervention after appropriate diagnosis is confirmed by a SI joint injection. This patient has pain related to SI joint injury as noted by positive response to the prior SI joint injection. Repeat of this procedure is not recommended since evidence-based research to support this is limited although this area of information is still evolving. At this point in the care of this patient the medical necessity for this procedure has not been established.