

Case Number:	CM15-0139199		
Date Assigned:	07/29/2015	Date of Injury:	05/18/1992
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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, New York, 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 applicant is a represented 63-year-old who has filed a claim for chronic low back pain (LBP), reportedly associated with an industrial injury of May 18, 2012. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for a sacroiliac joint injection under fluoroscopic guidance. The applicant's attorney subsequently appealed. In a June 26, 2015 RFA form, a sacroiliac joint injection under fluoroscopy was sought. In an associated progress note dated June 9, 2015, the applicant reported ongoing complaints of back and leg pain status post earlier failed laminectomy and fusion surgery several years prior. Radiation of pain to the left leg was reported. The applicant was on Percocet and Zanaflex, it was reported. The applicant had received an epidural steroid injection one month prior, it was reported. The applicant remained frustrated, angry, and depressed, it was reported, following earlier failed lumbar spine surgery. A sacroiliac joint injection was sought. The applicant had a lengthy history of smoking, it was reported. The applicant's past medical history is not detailed or characterized. On June 2, 2015, the applicant was described as having ongoing left lower extremity radicular pain complaints attributed to an L5 radiculopathy. The applicant was using a cane to move about. Pain at the site of the fusion hardware was reported, the treating provider attributes some of the applicant's pain complaints to the indwelling fusion hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac joint injection under fluoroscopy with IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac joint injections with IV sedations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 611.

Decision rationale: No, the proposed sacroiliac joint injection is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that sacroiliac joint injections are not recommended in the treatment of any radicular pain syndrome. 1. Recommendation: Sacroiliac Joint Corticosteroid Injections for Treatment of Sacroiliitis. Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. Strength of Evidence, Recommended, Evidence (C). 2. Recommendation: Sacroiliac Joint Injections for Treatment of Low Back Pain. Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease); or any radicular pain syndrome. Strength of Evidence, Not Recommended, Insufficient Evidence (I). Here, the applicant's pain complaints were attributed to a residual radiculopathy following earlier failed lumbar spine surgery. ACOEM, it is further noted, suggests reserving sacroiliac joint injections for applicants with some rheumatologically-proven spondyloarthropathy implicating the SI joints. Here, however, there is no evidence that the applicant carries a diagnosis of rheumatoid arthropathy or rheumatoid disease process implicating the SI joints. Therefore, the request was not medically necessary.