

Case Number:	CM15-0163687		
Date Assigned:	08/31/2015	Date of Injury:	12/02/2004
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female sustained an industrial injury on 12-02-04. She subsequently reported low back pain. Diagnoses include sacroiliitis. The injured worker has continued complaints of low back and right lower extremity radicular pain. Treatments to date include x-ray and MRI testing, physical therapy, injections and prescription pain medications. Upon examination, there is decreased range of motion in the lumbar region. Paraspinal muscle tenderness with spasm was noted. Minimal tenderness is noted at the SI joint. Positive straight leg lift on the right was noted. A request for Right sacroiliac joint injection was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 8/4/15) Sacroiliac joint blocks.

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

Decision rationale: The claimant has a remote history of a work injury occurring in December 2004 and continues to be treated for low back and right lower extremity radicular pain. Treatments have included six intra-articular right sacroiliac joint injections with the last injection done in May 2014 with nearly zero pain radiating pain lasting for approximately 9 months. When seen, she was having worsening sacroiliac joint pain over the previous 3-4 months. Physical examination findings included an antalgic gait and difficulty transitioning positions. There was decreased lumbar spine range of motion with tenderness and muscle spasms and positive right straight leg raising. There was right sacroiliac joint tenderness with positive Fortin finger sign and positive Gaenslen's test. A repeat right sacroiliac joint injection is being requested. Criteria for a repeat sacroiliac joint injection include greater than 70% pain relief for 6 weeks from previous injections. In this case, the claimant has undergone prior sacroiliac joint injections with nearly complete relief with the last injection performed one year before the request lasting for 9 months. Prior injections appear to have been authorized. The above criteria are met and the requested sacroiliac joint injection is medically necessary.