Case Number:	CM15-0164587		
Date Assigned:	08/28/2015	Date of Injury:	06/26/2003
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: Connecticut, California, Virginia
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 65 year old male, who sustained an industrial injury on 6-26-2003. The injured worker was diagnosed as having disorders of sacrum. Treatment to date has included diagnostics, lumbar epidural steroid injections, sacroiliac joint injections, diagnostics lumbar facet joint injection, physical therapy, acupuncture, L2-L4 laminectomy on 11-19-2012, water therapy, home exercise program, left piriformis injection on 11-18-2014, and medications. Currently, the injured worker complains of persistent low back pain, rated 2-3 out of 10. His medication use included Tramadol. He was working full time without restrictions. Exam noted tenderness to palpation and spasticity of the lumbar paraspinals and over the bilateral sacroiliac joints, more on the right. Positive FABER, Gaenslen, and flamingo tests were noted. The treatment plan included a bilateral sacroiliac joint injection, under intravenous sedation. A previous progress report (3-27-2012) noted bilateral sacroiliac joint injections on 3-09-2012, with minimal change in low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral sacroiliac joint injection under IV sedation: Overturned

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 and Pelvis (Acute & Chronic) Sacroiliac joint injections (updated 8/5/15).

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, SI joint blocks.

Decision rationale: SI Joint blocks are recommended by the ODG with the following limitations: the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), diagnostic evaluation must first address any other possible pain generators, the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Blocks are performed under fluoroscopy and a positive diagnostic response must be recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. The patient appears to have benefited from prior injections, and therefore SI joint injections may be a valid option in this case. The request was initially non-certified due to lack of evidence to support aggressive conservative management, which is a fairly subjective area. Therefore, at this time, the request is medically necessary, as it appears that this case of chronic pain may be improved with the requested treatment.