

Case Number:	CM15-0180188		
Date Assigned:	09/22/2015	Date of Injury:	04/24/2014
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 45 year old female, who sustained an industrial injury on April 24, 2014, resulting in pain or injury to the low back. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain-strain with right lower extremity radiculopathy, a 2.7mm disc protrusion at L2-L3 with spondylosis, and right SI joint sprain-strain. On August 4, 2015, the injured worker reported low back pain with radiation to the right leg, noting the pain was worsening making it more difficult to stand or sit for extended time. The Primary Treating Physician's report dated August 4, 2015, noted the injured worker's lumbar spine with tenderness to palpation of the bilateral paravertebral muscles with guarding, with positive bilateral SI stress, Fabere's, and Gaenslen's testing. Prior treatments have included chiropractic treatments, home exercise program (HEP), physical therapy, acupuncture, a lumbar epidural steroid injection (ESI) without significant improvement noted, and medication. The treatment plan was noted to include a re-request for bilateral SI injections. The request for authorization dated August 4, 2015, requested bilateral SI (sacroiliac) joint injections. The Utilization Review (UR) dated September 2, 2015, denied the request for bilateral SI (sacroiliac) joint injections as neither medically necessary nor appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI (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 (ODG), Hip & Pelvis - Sacroiliac injections, diagnostic; Sacroiliac injections, therapeutic.

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, Sacroiliac injections.

Decision rationale: Per the ODG guidelines with regard to sacroiliac joint injections: Not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion. See Sacroiliac fusion. Also Not recommended: Sacral lateral branch nerve blocks and/ or dorsal rami blocks in anticipation of sacroiliac radiofrequency neurotomy. See Diagnostic blocks in anticipation of SI neurotomy below. As the requested treatment is not recommended by the guidelines, and there is no compelling reason provided to support medical necessity, the request is not medically necessary.