

Case Number:	CM15-0181439		
Date Assigned:	09/22/2015	Date of Injury:	03/06/2012
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/15/2015

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:

This is a 59 year old female with a date of injury on 3-6-12. A review of the medical records indicates that the injured worker is undergoing treatment for ongoing back pain. She has a three level fusion and bilateral SI joint fusions. Procedure note dated 3-31-15 right and left sacroiliac joint block and arthrogram and right and left hardware block performed. Medical records (7-6-15 and 8-6-15) indicate continued complaints of low back pain radiating down into the back of both thighs. The hardware in her back is prominent and she has increased pain with sitting. Her surgeon proposed to re-inject the low back. Physical exam reveals the hardware is essentially subcutaneous and there is no sign of root irritation in the lower extremities but she is a little tighter on the left side. Medications include: oxycodone, percocet, trazodone, and lidoderm. The original utilization review dated 8-31-15 denied request for bilateral sacroiliac joint blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Blocks, QTY: 1: 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 Chapter, 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, 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.