

Case Number:	CM15-0183107		
Date Assigned:	09/24/2015	Date of Injury:	04/24/2001
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 4-24-2001. The injured worker is being treated for pain in joint lower leg, knee pain, elbow pain, and RSD upper limb. Treatment to date has included diagnostics, multiple surgical interventions of the left knee, spinal cord stimulator implantation and medications. Computed tomography (CT) scan of the lumbar spine dated 7-21-2015 showed minimal degenerative disc change with bilateral foraminal narrowing at L3-4 and bilateral sacroiliitis. Per the Primary Treating Physician's Progress Report dated 7-01-2015, the injured worker reported pain rated as 7 out of 10 with medications and 10 out of 10 without medications. She reported that medications were becoming less effective. Objective findings included sacrococcygeal pain, trigger point with radiating pain, and twitch response on palpation at lumbar paraspinals on the right. Work status was permanent and stationary. The plan of care included injections and authorization was requested for one sacroiliac joint injection. On 9-09-2015, Utilization Review non-certified the request for one sacroiliac joint injection citing lack of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

S1 joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Sacroiliac joint 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 and Pelvic Chapter/Sacroiliac injections, therapeutic, Sacroiliac injections, diagnostic.

Decision rationale: The Official Disability Guidelines do not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Therapeutic SI joint injections are recommended on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Per ODG, instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. ODG also does not support diagnostic sacroiliac joint injections. The request for SI joint injection is not medically necessary and appropriate.