

Case Number:	CM15-0187615		
Date Assigned:	09/29/2015	Date of Injury:	02/02/2014
Decision Date:	11/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury on 02-02-2014. Current diagnoses include right sacroilitis and obesity. Report dated 08-14-2015 noted that the injured worker presented with complaints that included pain on the right side of the lower lumbar and pelvic region and over the sacrum, and muscle spasms in the low back. Pain level was 9 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-14-2015 revealed a compensated gait, tenderness in the sacroiliac joint, and positive Fabere's, Gillet, and Gaenslen's testing. Previous diagnostic studies included a lumbar spine MRI. Previous treatments included medications, surgical intervention on 11-20-2014, physical therapy, and trigger point injection. The treatment plan included a request for a right sacroiliac joint injection as both a diagnostic and therapeutic procedure. The injured worker works modified duty, 40 hours. Request for authorization dated 08-20-2015, included requests for right sacroiliac joint injection. The utilization review dated 08-26-2015, non-certified the request for right sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection Qty: 1.00: 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 (Acute & Chronic) - Sacroiliac injections.

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 Injection.

Decision rationale: Sacroiliac joint pathology is very challenging to diagnose clinically and consensus is also rare regarding effective treatment strategies. MTUS is silent on this issue. Recently updated guidelines in ODG identify this dilemma, noting that both diagnostic and therapeutic sacroiliac injections are "not recommended" except on a case-by-case basis for treatment of clearly documented inflammatory spondyloarthropathy (sacroiliitis). The records in this case do not meet this criteria. This request is not medically necessary.