

Case Number:	CM15-0188332		
Date Assigned:	09/30/2015	Date of Injury:	08/25/2003
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 73 year old male, who sustained an industrial injury on 8-25-2003. He reported status post lumbar fusion with back pain and right sacroiliac joint pain. Diagnoses include spinal stenosis, degenerative joint disease and degenerative disc disease, status post right shoulder surgery, status post bilateral carpal tunnel surgery and status post lumbar fusion on 1-22-15. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing low back pain with radiation to right lower extremity. Lumbar spine imaging dated 8-7-15, revealed degenerative and postoperative changes with anterolisthesis of L5 and S1. On 8-13-2015, the physical examination documented pain to lumbar region, positive right sacroiliac joint testing and pain. The Faber's test and compression tests were positive to the right side. There was pain with range of motion of the lumbar spine. The plan of care included a right side sacroiliac joint injection and possible epidural injections. The appeal requested authorization for a right sacroiliac (SI) joint injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection under ultrasound guidance: 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).

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 (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant has a remote history of a work injury in August 2003 and is being treated for low back pain. He underwent a lumbar fusion at L4/5 in January 2015. When seen, there had been improvement in lumbar pain and lower extremity symptoms after completing physical therapy. Physical examination findings included pain over the lumbar spine. Fabere and pelvic compression testing was positive on the right side. There was pain with lumbar flexion and extension. A right sacroiliac joint is being requested. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the fusion operation did not extend to the sacrum. There are only two positive sacroiliac joint tests. The criteria are not met and the requested sacroiliac joint injection cannot be accepted as being medically necessary.