

Case Number:	CM15-0188402		
Date Assigned:	09/30/2015	Date of Injury:	04/27/2009
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 39 year old male, who sustained an industrial injury on 04-27-2009. The injured worker was diagnosed as having sacroiliitis. On medical records dated 08-14-2015, the subjective complaints were noted as back pain. Pain without medication was noted as 8 out of 10 and with medication 4 out of 10. Objective findings were noted as lumbar spine revealing paraspinous, gluteal, piriformis, quadratus, sciatic and SI joint tenderness. Sacroiliac joint were noted as painful on motion and sacral compression was positive, sacral distraction was positive, sacral PA thrust was positive, and Gaenslen's was noted to be positive bilaterally. Treatments to date surgical intervention, medication, physical therapy and transforaminal epidural corticosteroid injections. Current medications were listed as Wellbutrin SR, Hydroxyzine HCL, Naproxen, Nucynta, and Gabapentin. The Utilization Review (UR) was dated 08-24-2015. A request for bilateral sacroiliac joint steroid injections was submitted. The UR submitted for this medical review indicated that the request for bilateral sacroiliac joint steroid injection was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint steroid injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis.

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 Pelvis Chapter/Sacroiliac Joint Blocks Section, Sacroiliac Injections, Therapeutic Section.

Decision rationale: The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include; 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. 2) Diagnostic evaluation must first address any other possible pain generators. 3) The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. 4) Blocks are performed under fluoroscopy. 5) A positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and if the first block is not positive, a second diagnostic block is not performed. 6) If steroids are injected during the initial injection the duration of pain relief should be at least 6 weeks with at least >70% pain relief recorded for this period. 7) In the treatment phase the suggested frequency for repeat blocks is 2 months or longer provided that at least 70% pain relief is obtained for 6 weeks. 8) the block is not to be performed on the same day as a lumbar epidural steroid injection, transforaminal epidural steroid injection, facet joint injection or medial branch block. 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. The ODG does not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend 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). 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. It appears that the injured worker has exhausted all attempts at conservative therapy; therefore, the request for bilateral sacroiliac joint steroid injection is medically necessary.