MAXIMUS Federal Services

Case Number:	CM15-0188960		
Date Assigned:	10/06/2015	Date of Injury:	07/16/2012
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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, Hawaii
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 56 year old female with a date of injury on 07-16-2012. The injured worker is undergoing treatment for right sacroiliitis, and major depressive disorder. 07-16-2015 documents the injured worker received a left sacroiliac joint injection. A physician note dated 07-28-2015 documents the injured worker complains of sharp pain in her lower back when she sits. The S1 joint injection helped to numb the area but not really helped the pain. She also complains of radiating pain down the bilateral legs, left greater than right and rates her pain as 6 out of 10. A physician progress note dated 08-25-2015 documents the injured worker has right-sided gluteal pain, and it had resolved following a sacroiliac joint injection but is now coming back. She has an increase in pain over the right sacroiliac joint, especially with walking, and finds prolonged sitting and standing difficult as well. On examination there is restricted lumbar range of motion and there is tenderness over the left sacroiliac joint. Motor examination is normal. Sensory examination is normal. Patrick's test was positive on the right, Gaenslen's test was plosive on the right and pelvic compression test was positive on the right. Treatment to date has included diagnostic studies, medications, status post transforaminal lumbar diskectomy and interbody fusion at L5-S1 on 05-19-2015, 6 sessions of deep massage therapy-which did not help, physical therapy, home exercises, and epidural injection x 1. Electrodiagnostic studies done on 11-17-2014 reveals evidence of left chronic S1 radiculopathy. On 05-18-2015 a lumbar computed tomography revealed hardware appears intact with no peri hardware lucency or fracture; L3-L4 left neural foraminal narrowing. At L4-L5 there is a 1-2mm posterior disk bulge and at L5-S1 there is moderate disk narrowing with endplate sclerosis and mild to moderate

right and moderate left neural foraminal narrowing. The treatment plan was for a right sacroiliac joint injection under fluoroscopic control. On 09-03-2015 Utilization Review non-certified the request for one left sacroiliac joint injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left sacroiliac joint injection under fluoroscopic 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 - Treatment for Workers' Compensation (ODG-TWC) Online Edition, 2015 Chapter: Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter, Sacroiliac Joint Injections.

Decision rationale: The patient presents with low back pain. The current request is for 1 Left Sacroiliac Joint Injection under fluoroscopic guidance. The treating physician's report dated 08/25/2015 (140B) states, "he states that the sharp right-sided gluteal pains that resolved following the sacroiliac joint injection are now coming back." She notes an increase in the pain over the right sacroiliac joint, especially with walking, and she finds prolonged sitting and standing difficult as well. The operative report dated 0716/2015 (114B) shows that the patient underwent a left sacroiliac joint injection. The MTUS and ACOEM Guidelines do not address sacroiliac joint injections, however, ODG Guidelines under the Hip and Pelvis chapter on Sacroiliac Joint Injections recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercises, and medication management. ODG further states, "In the treatment or therapeutic phase, the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks." The treatment report following the patient's SI injection dated 07/28/2015 notes, "She complains of sharp pain and burning in her lower back, when she sits. She previously had a SI joint injection and feet it helped numb the area, but not really helped the pain. She also complains of radiating pain down bilateral legs, left greater than right. Pain level is rated 6/10, using a numerical scale." In this case, the patient's recent SI joint injection did not result in at least 70% pain reduction for 6 weeks. The patient does not meet the required criteria for a repeat block based on the ODG Guidelines. The current request is not medically necessary.