

Case Number:	CM15-0190740		
Date Assigned:	10/02/2015	Date of Injury:	01/24/2014
Decision Date:	11/24/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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 62 year old male who sustained an industrial injury January 24, 2014. Past treatment included physical therapy and acupuncture. Past history included hepatitis C, hypertension, and cirrhosis. Diagnoses are lumbar sprain, strain; lumbar disc herniation; lumbar radiculitis-radiculopathy to the right lower extremity; sacroiliitis of the right sacroiliac joint; chronic pain. According to a primary treating physician's handwritten progress report signed August 19, 2015, the injured worker presented with complaints of a flare-up of back pain radiating to the right lower extremity to the right foot. The pain started a week ago and he reports he was bedridden for three days. He reported he cannot walk a full block, medication is helping his pain, and he is using a lumbosacral corset intermittently. He also reports acupuncture didn't help. The physician documented there is no change in the physical examination since the last visit dated July 9, 2015. A check list was used for physical examination and found; difficulty rising from a seated position; posture is slumped; gait antalgic, moves about gingerly, protectively, with stiffness; uses a cane for ambulation; Treatment plan included a urine drug screen obtained and pending authorization for a right transforaminal epidural steroid injection L3-4 and L4-5 and at issue, a request for authorization for a right sacroiliac joint injection. An MRI of the lumbar spine dated January 24, 2014 (report present in the medical record), impression; finding suggestive of acute fracture of the spinous process L2; mild anterolisthesis of L4 on L5; discogenic degenerative changes and facet arthropathy result in neural foraminal narrowing at L3-4 and L4-5; no spinal stenosis. According to utilization review dated August 27, 2015, the request for right sacroiliac joint injection is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection: 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, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pelvis/SI Injections.

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.