MAXIMUS Federal Services

Case Number:	CM15-0191714		
Date Assigned:	10/05/2015	Date of Injury:	04/27/2010
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 60 year old male who sustained an industrial injury on April 27, 2010. A pain center visit dated March 23, 2015 reported he had "immediate relief of his leg pain on the left by 30% following the injection." There is additional comment stating urinary incontinence noted increased initially after receiving injection but had subsequently improved and he is feeling better. He states "his cervical pain continues to cause him significant pain with muscle spasms and headaches." There is noted discussion regarding pending authorization for surgery. The patient underwent surgery on May 26, 2015. Previous treatment to include: activity modification, mediation, TENS, course of physical therapy, and home exercise program. Pain management visit dated July 02, 2015 reported "since having cervical procedure May 26, 2015 he has had improved range of motion, and improvement in his left shoulder neuropathic pain, and reduction of the left upper extremity radiculopathy." He has been able to reduce his overall use of Opiates by 25%. He continues to complain of 'mechanical low back pain which is increasing and is in need of another injection. The assessment noted: cervicalgia; cervical facet arthropathy; thoracic spine pain; sacroiliac joint arthropathy; chronic pain due to trauma; low back pain; sciatica; lumbar facet arthropathy; lumbar disc degeneration; lumbar disc displacement rupture; and post lumbar spine surgery syndrome. On August 25, 2105 a request was made for a sacroiliac joint injection that was noted noncertified by Utilization Review on August 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI (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: Hip & Pelvis (Acute & Chronic) - Sacroiliac injections, therapeutic.

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 injections, diagnostic and Sacroiliac injections, therapeutic.

Decision rationale: Diagnostic sacroiliac injections are not recommended as therapeutic sacroiliac injections are not recommended by the ODG due to the fact that there is insufficient evidence for support for these injections for non-inflammatory sacroiliac pathology. An inflammatory sacroiliac condition 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). The documentation does not reveal that the patient has a rheumatologic sacroiliac condition therefore this requests is not medically necessary.