

Case Number:	CM15-0195179		
Date Assigned:	10/08/2015	Date of Injury:	10/16/2012
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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 60 year old female who sustained an industrial injury on 10-16-12. Diagnoses are noted as brachial neuritis-radiculitis not otherwise specified, intervertebral disc disorder with myelopathy -cervical region, and thoracic sprain. In a progress report dated 9-16-15, the physician notes subjective complaint that she is feeling worse and reports "moderate" pain, stiffness, weakness, and numbness of the cervical and lumbar spine with associated symptoms of sleep issues, stress and depression. Objective exam notes overall she is worse. There is tenderness to palpation, spasm, and decreased range of motion of the cervical and lumbar spine. Straight leg raise 60 degrees. Medications are Hydrocodone, Xanax, and Orphenadrine. It is noted she saw a physician for pain management and a lumbar epidural steroid injection was recommended. Work status is temporary total disability for 45 days. Previous treatment includes psychotherapy, medication, and home exercise. A 7-29-15 progress report notes a request for authorization for pain management evaluation for right sacroiliac joint injection as she was previously authorized but that the office location is not convenient to her so another physician will be selected. The requested treatment of a right sacroiliac joint injection was denied on 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI 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), Sacroiliac joint injections.

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 lumbar spine pain with throbbing of the bilateral hips. The current request is for Right Sacroiliac Joint Injection. The treating physician's report dated 08/15/2015 (10C) states, "I am seeking authorization for pain management evaluation for an SI injection to the present provider." 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. The progress report dated 07/29/2015 (15C) notes pain in the lumbar spine with throbbing of both hips. There are no discussions of 3 positive exam findings for SI joint syndrome. In this case, the patient does not meet the required criteria based on the ODG Guidelines for an SI joint injection. The current request is not medically necessary.