

Case Number:	CM15-0195942		
Date Assigned:	10/09/2015	Date of Injury:	06/17/2014
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 29 year old female who reported an industrial injury on 6-17-2014. Her diagnoses, and or impressions, were noted to include: bilateral sacroilitis, right > left. Recent x-rays of the sacroiliac joints were done on 8-31-2015 and were said to be unremarkable; no imaging studies were noted. Her treatments were noted to include: acupuncture treatments; medication management; and modified work duties. The periodic progress notes of 9-4-2015 reported complaints which included: no change in constant pain, rated 5 out of 10, and numbness, brought on by walking, standing and sitting, made better with position changes, acupuncture, and medications which also helped her with sleep, but also caused constipation and urine hesitancy; and that she was not working because her employer could not meet the work restrictions. The objective findings were noted to include: tenderness in the sacroiliac area; and positive Gaenslen's, distraction and Faber's tests. The physician's request for treatments was noted to include a sacroiliac joint injection, for 3 positive tests for the sacroiliac joint. No Request for Authorization for left sacroiliac joint injection was noted in the medical records provided. The Utilization Review of 9-18-2015 non-certified the request for left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI joint injection: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (updated 08/20/15) Sacroiliac injections, diagnostic, 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 and pelvis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition there must be at least 3 positive exam findings. In this case the medical record does document evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection. Physical therapy sessions, chiropractic treatment, work activity modification, medications, lumbar ESI and medial branch blocks have been all documented to have not improved her symptoms. The injured worker is documented to have 3 positive physical findings. Therefore the guideline criteria have been met and request for a left SI joint injection is medically necessary.