

Case Number:	CM15-0196372		
Date Assigned:	10/12/2015	Date of Injury:	09/25/1999
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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

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 female, who sustained an industrial injury on 9-25-1999. The injured worker was being treated for lumbar post-laminectomy syndrome, status post spinal fusion, lumbar facet arthritis, sacroiliac joint disease, spinal stenosis, lumbosacral radiculitis, chronic pain, spondylosis of lumbar joint, and lumbar degenerative disc disease. Treatment to date has included diagnostics, L4-S1 posterior spinal fusion and decompression on 3-19-2014, physical therapy, chiropractic, and medications. Currently (9-10-2015), the injured worker complains of "worse" low back pain with radiation to both legs. Pain was described as aching, pins and needles, and numbness. Pain was rated 5 out of 10 with medication and 8 without. The treating physician documented that she was approved for S1 injections rather than the sacroiliac joint injection and that still has not been corrected. It was documented that she tried and failed non-steroidal anti-inflammatory drugs, over the counter medications, and Tramadol. She was taking Gabapentin for neuropathic pain and numbness and tolerating it well, without any side effects, along with Norco, Motrin, and Soma. Exam of the lumbar spine noted strength 5 of 5 in the lower extremities, sensation intact and equal, pain free to palpation sciatic notches, tenderness to the bilateral sacroiliac joints, tenderness over the paraspinals, positive Patrick's sign and Gaenslen's maneuver bilaterally, limited range of motion due to increased pain with flexion and extension, and straight leg raise positive in the buttocks bilaterally. She was not working. Computerized tomography of the lumbar spine (4-29-2015) showed post-operative changes of posterolateral narrowing or vertebral body fusion at L4-5 and L5-S1 with evidence of L4 and L5 laminectomy, lucency surrounding the S1 pedicle screws again seen and not significant change, no evidence of hardware subluxation or fracture, L2-3 and L3-4-evidence of mild to moderate central canal stenosis with mild bilateral foraminal stenosis, and a large midline abdominal wall hernia. The treatment plan included bilateral sacroiliac joint injection with moderate sedation and fluoroscopic guidance, non-certified by Utilization Review on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection with moderate sedation and 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 (ODG), TWC Hip & Pelvis Procedure Summary Online Version updated 08/20/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

Decision rationale: The patient presents with low back and leg pain. The request is for bilateral sacroiliac joint injection with moderate sedation and fluoroscopic guidance. The request for authorization is not provided. CT of the lumbar spine, 04/29/15, shows postoperative changes of posterolateral narrowing or vertebral body fusion at L4-5 and L5-S1 with evidence of L4 and L5 laminectomy; lucency surrounding the S1 pedicle screws again seen and not significant change; no evidence of hardware subluxation or fracture. Patient's diagnoses include post-laminectomy syndrome, lumbar; s/p spinal fusion; facet arthritis of lumbar region; sacroiliac joint disease; spinal stenosis; radiculitis, lumbosacral; chronic pain; spondylosis of lumbar joint; DDD (degenerative disc disease), lumbar. Physical examination of the lumbar spine reveals 5/5 bilateral lower extremity strength. Sensation is intact and equal. Sciatic notches are pain free to palpation. Sacroiliac joints are tender bilaterally. Patrick's sign and Gaenslen's maneuver are positive bilaterally. There is tenderness over the paraspinals. There is limited range of motion due to increased pain with flexion and extension. Straight leg raise is positive in the buttocks bilaterally. Patient's medications include Norco, Neurontin, Motrin, Zocor, Klor-Con, Ocuflax, Glucophage, Lisinopril, Apidra, Soma, and Lantus. Per progress report dated 10/08/15, the patient is not working. ODG Guidelines, Low Back Chapter under SI joint injections Section: Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthritis (sacroiliitis). This 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 spondyloarthritis). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Per progress report dated 09/10/15, treater's reason for the request is "She was approved for an S1 injections, rather than the SI (Sacroiliac) joint injection and that still has not been corrected." The patient continues with low back and leg pain after failing physical therapy, chiropractic care, injections, medications and had spinal fusion surgery in 2014. She states that her pain has been worse after surgery. However, the patient does not present with inflammatory SI joint problems documented from radiology, X-rays, bone scan or MRI/CT scans. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. Therefore, the request IS NOT medically necessary.