

Case Number:	CM15-0197560		
Date Assigned:	10/13/2015	Date of Injury:	08/06/2012
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/07/2015

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: Internal Medicine, Rheumatology

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 57 year old male, who sustained an industrial injury on 8-6-12. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post lumbar fusion (7-15-13); physical therapy; status post right sacroiliac joint injection (8-20-15); medications. Currently, the PR-2 notes dated 8-20-15 indicated the injured worker complains of moderate pain in the region of his right sacroiliac joint. The provider's examination on this dated documents "Examination today disclosed he has rather focal tenderness in the right SI joint. Pelvic compression tests refers immediate pain to the right SI joint area. Straight-leg-raising test on the right produces sacroiliac pain; left produces back pain only. Motor examination was felt to be normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch. Quadriceps reflexes were 1-2+ and symmetrical. Achilles reflexes were 0-1+ and symmetrical. No pathologic reflexes were evident. Hip range of motion was full bilaterally. No groin or thigh pain was experienced upon range of motion of the hips. Active voluntary range of motion of the thoracolumbar spine was limited. The patient was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. Lateral bending was limited to 15 degrees in either direction. Roentgenograms disclosed multiple fractured anterior vertebral screws. It was explained to the patient that this could indicate a pseudoarthrosis. I told him however, to perform any surgical repair would be a major undertaking. I believe we are again better to try to manage this through proper medication." The injured worker reports difficulty having his medication paid through worker's compensation. A procedure noted dated 8-20-15 was submitted indicating a right sacroiliac joint

injection was administered using ultrasound guidance. A Request for Authorization is dated 10-6-15. A Utilization Review letter is dated 9-28-15 and non-certification for Retro Sacroiliac Joint injection under ultrasonic guidance (date of service 8-20-15). A request for authorization has been received Retro Sacroiliac Joint injection under ultrasonic guidance (date of service 8-20-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Sacroiliac Joint injection under ultrasonic 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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: This 57 year old male has complained of low back pain since date of injury 8/6/2012. He has been treated with surgery, physical therapy, sacroiliac joint injection and medications. The current request is for retro sacroiliac joint injection under ultrasonic guidance. Per the MTUS guidelines cited above, invasive techniques in the treatment of back pain, to include local injections of lidocaine, steroid or both are of questionable benefit and offer no significant long-term functional benefit. On the basis of the MTUS guidelines, retro sacroiliac joint injection under ultrasonic guidance is not indicated as medically necessary.