

Case Number:	CM15-0200708		
Date Assigned:	10/15/2015	Date of Injury:	01/20/2014
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 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:

The injured worker is a 33 year old male who sustained an industrial injury January 20, 2014. Past treatment included a trigger point injection (unclear site) with a local anesthetic Decadron and Ketorolac on December 16, 2014. Diagnosis is documented as degenerative disc disease, lumbar; degeneration of cervical intervertebral disc. According to a treating physician's office notes dated June 26, 2015, the injured worker presented for follow-up reporting an incident where he aggravated his neck and upper and lower back. He is able to tolerate his symptoms with the use of medication and his current home exercise regimen. Objective findings included tenderness to palpation right parascapular region; full range of neck motion and slight pain with extremes of motion; sensory exam normal to light touch; low back revealed tenderness to palpation, right side of the lumbar paraspinal musculature; active voluntary range of motion limited, normal gait and normal heel toe walk; straight leg raise negative at 70 degrees, seated and supine, femoral stretch negative. The physician documented he is treated for a chronic condition with intermittent flare-ups of pain. Without medication his VAS score is 61 and with the current medication his VAS score reduces to 17. He was prescribed Voltaren and Vicoprofen. According to a treating physician's procedure note dated August 12, 2015, the injured worker has been suffering from persistent pain in the region of the right sacroiliac joint, thought to be related to an inflammatory process. Ultrasound and injection of the right sacroiliac joint was performed with Marcaine, Decadron, and Toradol. The treating physician further documented; "the articular cartilage appeared to disclose some thinning and early degeneration; there was noted to be some mild synovial fluid evident within the joint; the bone itself appeared to be in good repair". At

issue, is the retrospective request date of service 08-12-2015, for a right sacroiliac injection. According to utilization review dated September 28, 2015, the request for retrospective 08-12-2015 date of service- Right Sacroiliac injection (includes ultrasound guidance, Ketorolac, Marcaine, Dexameth) Quantity: 1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Right SI joint injection (includes ultrasound guidance, Ketorolac, Marcaine, Dexameth Qty 1 DOS 08/12/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Sacroiliac joint blocks.

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 such as a pelvic compression test, Patrick's test and pelvic rock test. In this case, there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection on 8/12/15. There is also inadequate documentation of a physical examination consistent with sacroiliac pain. Therefore, the guideline criteria have not been met and determination is for non-certification.