

Case Number:	CM15-0203358		
Date Assigned:	10/20/2015	Date of Injury:	06/03/1996
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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 53 year old female who sustained an industrial injury on 6-3-96. The injured worker reported low back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for post-laminectomy syndrome of lumbar region and thoracic or lumbosacral neuritis or radiculitis. Medical records dated 9-30-15 indicate pain rated at 9 out of 10. Treatment has included exercise, Methadone, Cymbalta, lumbar radiofrequency ablation, ice application, nerve block injections, aqua therapy, and spinal cord stimulator implant. Objective findings dated 9-30-15 were notable for restricted lumbar range of motion and "No spinal process tenderness is noted." decreased sensation to touch to the left lower extremity versus the right, decreased strength with left knee extension and flexion. The original utilization review (10-8-15) denied a request for SI joint Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis.

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 was injured on 06/03/96 and presents with low back pain with radiation to the lower extremity. The request is for a SI joint injection "to see if this is the pain generator." The RFA is dated 09/30/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had a prior SI joint injection. 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 spondyloarthropathy (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 spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. The patient has pain over the right PSIS area with a positive Fabers on the right side. She is diagnosed with post-laminectomy syndrome of lumbar region and thoracic or lumbosacral neuritis or radiculitis. In this case, the patient does not present with inflammatory SI joint problems. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. This request does not meet guidelines indication for a sacroiliac injection. Therefore, the request IS NOT medically necessary.