

Case Number:	CM15-0203726		
Date Assigned:	10/20/2015	Date of Injury:	03/18/2015
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/16/2015

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:

The injured worker is a 45 year old female who sustained an industrial injury on 03-18-2015. A review of the medical records indicated that the injured worker is undergoing treatment for lumbago, lumbar spondylosis without myelopathy, lumbar-lumbosacral degenerative disc disease, sciatica, sacroiliitis and cervical degenerative disc disease. The injured worker has a medical history of hypertension. According to the treating physician's progress report on 07-21-2015, the injured worker continues to experience neck and bilateral low back pain with radiation to the posterior thigh down to the knee. The injured worker rated her average pain level at 5 out of 10 on the pain scale with medications and 7 out of 10 without medications. Examination of the lumbar spine demonstrated a non-antalgic gait. Tenderness of the paraspinal with decreased range of motion due to pain was noted. The bilateral greater trochanters were negative for pain and the bilateral sacroiliac joints were painful to palpation. Facet loading was positive bilaterally. Femur rotation was negative for groin pain. Patellar reflexes were 2 out of 4 and Achilles reflexes were 1 out of 4 bilaterally. Sensation was intact to light touch except at the medial right thigh. There were no discussions or report interpretations of prior diagnostic testing. Prior treatments have included physical therapy for the cervical and lumbar spine (8 visits) and medications. Current medications were listed as Butalbital-Acetaminophen, Xanax and Ibuprofen. Treatment plan consisted of cervical spine interventions and the current request for sacroiliac injection with moderate sedation. On 09-15-2015 the Utilization Review determined the request for sacroiliac (SI) injection with moderate sedation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injection with moderate sedation: 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) Hip and Pelvis Chapter Sacroiliac joint injections.

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 such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of aggressive conservative therapy focused on the SI joint symptoms had been performed prior to the request for the sacroiliac joint injection on 9/1/15. In addition, the exam note from 9/1/15 only documents 1 positive physical exam finding for SI joint pathology. Therefore the guideline criteria have not been met and the request is not medically necessary.