MAXIMUS Federal Services

Case Number:	CM15-0205743		
Date Assigned:	10/22/2015	Date of Injury:	09/17/2014
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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, Hawaii
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 44 year old male, who sustained an industrial injury on 9-17-2014. The medical records indicate that the injured worker is undergoing treatment for sacroiliitis, low back pain, and myofascial pain syndrome. According to the progress report dated 9-17-2015, the injured worker presented with complaints of sacroiliac pain, which has returned to baseline at this time. He denies new injury or trauma. The musculoskeletal examination reveals restricted range of motion in the lumbar spine, tenderness to palpation over the bilateral sacroiliac, positive Gaenslen's and Fabre's tests, and decreased muscle strength (4 out of 5) in the extensor hallucis longus, plantar flexors, and dorsiflexors. The current medications are Ibuprofen, Maxalt, Metaxalone, and Lidocaine 5%. Previous diagnostic studies include x-ray and MRI of the lumbar spine (2-19-2015). The treating physician describes the MRI as "unremarkable with no disc protrusions, central canal stenosis, or neuroforaminal stenosis evidence". Treatments to date include medication management, physical therapy, home exercise program, and bilateral sacroiliac joint injection (6-23-2015). The treating physician states that the "patient got greater than 50% improvement in pain and function and is better able to participate in activities of daily living as a result". Work status is described as return to work duty (4-30-2015). The original utilization review (9-23-2015) had non-certified a request for bilateral sacroiliac injection with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral sacroiliac (SI) injection with fluoroscopy: 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 updated 8/20/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis, Sacroiliac injections, therapeutic.

Decision rationale: The records indicate the patient has ongoing low back pain. The current request for consideration is outpatient B/L (SI) injection with fluoroscopy. The progress report dated 10/27/15, states, I am requesting authorization for bilateral SI joint injections as recommended by the QME. He probably should also have an HLA-B27 and ESR/CRP to determine if the persistent pain is due to ankylosing spondylitis. The CA MTUS is silent on this request. The Official Disability Guidelines (ODG) was referenced and had this to say: 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. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. Below are current reviews on the topic and articles cited. There is some evidence of success of treatment with injections for inflammatory spondyloarthropathy, although most rheumatologists now utilize biologic treatments (anti-TNF and/or disease modifying antirheumatic drugs) for treatment. In this case, the treater has suspicion that ankylosing spondylitis may be present. He states that the patient should have an HLA-B27 and ESR/CRP to determine if ankylosing spondylitis may be present. There is no discussion of ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and or undifferentiated spondyloarthropathy. The patient may be a future candidate for an SI joint injection should the lab work confirm a diagnosis of ankylosing spondylitis. However, at this time the x-rays have not shown evidence for ankylosing spondylitis. Furthermore, older criterion from the ODG for repeat injections required 70% relief for a period of 6 weeks. The previous injection performed on 6/23/15 provided subjective improvement of approximately 50% without any discussion as to how long the benefit lasted. The current request is not consistent with ODG guidelines and is not medically necessary at this time.