

Case Number:	CM15-0206276		
Date Assigned:	10/23/2015	Date of Injury:	07/28/2004
Decision Date:	12/04/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 64 year old male who sustained an industrial injury 07-28-04. A review of the medical records reveals the injured worker is undergoing treatment for lumbago, bilateral sacroiliac sprain, and chronic pain. Medical records (09-14-15) reveal the injured worker complains of a recurrence of left sacroiliac pain, rated at 5/10. He reported good pain relief for 4 month after the previous injection on 04-30-15. The physical exam (09-14-15) reveals minimal tenderness throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms. Also noted is "moderate" tenderness of the sacroiliac joint and gluteal area reproducing pain in the low back on the left. There is a "mild" decrease in light touch and pinprick sensation of the sacroiliac distribution. Prior treatment includes back surgery, medications, chiropractic manipulations, physical therapy, a spinal injections, and a TENS unit. The original utilization review (09-24-15) non certified the request for a left sacroiliac joint injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI ligament injection under ultrasound guidance QTY 1: 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), Low Back, Lumbar & Thoracic (Acute & Chronic): Ligamentous injections (2015).

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 section, Sacroiliac (SI) injections.

Decision rationale: Pursuant to the Official Disability Guidelines, left SI ligament injection under ultrasound guidance #1 is not medically necessary. The guidelines do not recommend therapeutic sacroiliac intra-articular or peri-articular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). They are recommended on a case-by-case basis for inflammatory spondyloarthritis (sacroiliitis). Ultrasound guidance for hip injections is not recommended. Conventional anatomical guidance by an experienced clinician is generally adequate. In this case, the injured worker's working diagnoses are lumbago status post L5 - S1 fusion; sprain sacroiliac) left; and chronic pain NEC. Date of injury is July 28, 2004. Request for authorization is September 18, 2015. According to a September 14, 2015 progress note, subjective complaints include recurrent left SI joint pain times a few weeks. The injured worker received previous SI ligament injections with resolution of symptoms for four months. The percentage improvement is not documented. The injured worker only takes over-the-counter medications. Objectively, there is minimal tenderness overlying the lumbosacral spine. There was point tenderness over the SI joints. The guidelines do not recommend therapeutic sacroiliac intra-articular or peri-articular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Additionally, ultrasound guidance for the administration of an SI joint injection is not clinically indicated. Conventional anatomical guidance by an experienced clinician is generally adequate. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for SI joint injections and guideline non-recommendations for ultrasound guided administration, left SI ligament injection under ultrasound guidance #1 is not medically necessary.