

Case Number:	CM15-0206407		
Date Assigned:	10/23/2015	Date of Injury:	08/10/2009
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/21/2015

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: Pennsylvania, Ohio, 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 59 year old male who sustained an industrial injury on 08-10-2009. According to the only progress report submitted for review and dated 09-29-2015, the injured worker was status post L4 to S1 fusion with instrumentation x 2 (last in 2011) with ongoing pain in the bilateral back, right more than left. 70% was localized in the back and 30% radiated to the bilateral buttocks with intermittent radiation to the bilateral feet "thought secondary to SI (sacroiliac) joint versus lumbosacral radiculitis". He was also status post cervical spine fusion with ongoing neck and arm pain which improved after a cervical epidural steroid injection. He had a bilateral SI joint injection which improved pain more than 50%, lasting six months or longer. He had a staph infection of the elbow and was going through surgery and extensive treatment. Elbow pain was recently improved. Currently most pain had recurred, but was on the left side rather than bilaterally. Average pain was rated 4 out of 10. Pain level without medication was rated 8-9 and with medication was rated 4-8. Pain was described as stabbing, spastic and throbbing. Without pain medications, the injured worker would be unable to walk, stand, sit or sleep. Fentanyl patch improved pain 25%. Paraspinous tenderness was noted. The right and left sacroiliac joint was noted as tender and painful. Facet loading was positive on the left and right. Range of motion was restricted due to pain. Patella reflex was 2 out of 4 on the right and left. Achilles reflex was 1 out of 4 on the right and left. Sensation of the lower leg was intact to light touch except entire left leg and lateral right knee. Impression included hypertension, radiculitis left, post-laminectomy syndrome lumbar, spinal stenosis lumbar, lumbar disc degeneration, cervical radiculopathy neuritis not otherwise specified, lumbago pain (L)

spine, sciatica and neck pain. The treatment plan included repeat left sacroiliac joint injection. Follow up was indicated in 3 weeks following procedure. Work status was not addressed. An authorization request dated 10-01-2015 was submitted for review. The requested services included left sacroiliac joint injection moderate sedation. On 10-09-2015, Utilization Review non-certified the request for outpatient left sacroiliac joint injection with moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pelvis/SI Injections.

Decision rationale: Sacroiliac joint pathology is very challenging to diagnose clinically and consensus is also rare regarding effective treatment strategies. MTUS is silent on this issue. Recently updated guidelines in ODG identify this dilemma, noting that both diagnostic and therapeutic sacroiliac injections are "not recommended" except on a case-by-case basis for treatment of clearly documented inflammatory spondyloarthritis (sacroiliitis). The records in this case do not meet this criteria. This request is not medically necessary.