

Case Number:	CM15-0209534		
Date Assigned:	10/28/2015	Date of Injury:	09/22/2011
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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 September 22, 2011. His work status as of April 22, 2105 noted temporary total disability. The worker is being treated for: chronic pain syndrome, lumbar disc herniation without myelopathy; lower back pain; sciatica; both lumbar and thoracic radiculopathy, spinal enthesopathy, and pelvic pain. Subjective: April 22, 2015 he reported complaint of lower back pain radiating down bilateral legs with associated numbness and tingling. The pain is made worse with prolonged standing, walking and sitting. He states pain is rated "7" without medication and taking medication or applying decreases to about a "4" or "5" in intensity. May 20, 2015 reported identical complaint to April 22 report with exception of pain rating currently "9" without medication and with utilizing medications would be at a "6". Follow up June 17, 2015 reported being status post bilateral L4, L5 and L5 through S1 medial branch block with Marcaine only and report of "greater than 60% improved," which allowed him to ambulate better and go to work and perform his full day shift without problems and cut down his Opioid use in half. He is elated with the results and wishes to move forward with rhizotomy. Objective: April 22, 2015, May 20, 2015, June 17, 2015 noted "cervical, thoracic, lumbar spinal tenderness, lumbar paraspinal tenderness, and lumbar facet tenderness at L4 through S1, positive lumbar facet loading maneuvers, and lower extremity SLR WNL bilaterally." Diagnostic: UDS consistent with prescribed May 20, 2015. Medication: April 22, 2015: Lyrica, Norco, and topical compound cream; reports utilizing topical compound creams once daily along with prescribed oral medication that "also helps the pain decrease." May 20, 2015: Norco, Prilosec, topical

compound creams, and Tramadol. Treatment: April 22, 2015 noted "failed multiple conservative therapies including physical therapy, NSAIDs, TENS, and various medication trials for greater than 6 months without benefit." The worker is encouraged to continue core muscle strengthening and hip stabilizers, maintain proper weight. On October 01, 2015 a request was made for bilateral sacroiliac joint injection with local anesthesia which was noncertified by Utilization Review on October 07, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection with local anesthetic only: Overturned

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 & Pelvis (Acute & Chronic) - Sacroiliac injections, diagnostic.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Bilateral joint injection with local anesthetic only. The treating physician report dated 9/23/15 notes that the patient presents with positive bilateral SI joint tenderness. The MTUS and ACOEM Guidelines do not address sacroiliac joint injections, however, ODG guidelines recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. The medical reports provided do not show that the patient has received previous bilateral sacroiliac joint injections. In this case, the patient shows positive bilateral SI tenderness, lumbar facet tenderness at L4-S1 and appears to have positive SI joint maneuvers. Furthermore, the patient has failed at least 4-6 weeks of conservative therapy and has positive findings for SI joint syndrome on 3 treating physician exams. The current request is medically necessary.