

Case Number:	CM15-0210195		
Date Assigned:	10/29/2015	Date of Injury:	04/21/2006
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/26/2015

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

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female with a date of injury of April 21, 2006. A review of the medical records indicates that the injured worker is undergoing treatment for left hip strain, left knee strain, sciatica, and trochanteric bursitis. Medical records dated August 26, 2015 indicate that the injured worker complained of lower back pain rated at a level of 5 out of 10. A progress note dated September 11, 2015 documented complaints similar to those reported on August 26, 2015 with pain rated at a level of 4 out of 10. Records also indicate that the injured worker's lower back pain "Has gotten progressively worse". Per the treating physician (September 11, 2015), the employee had returned to work. The physical exam dated August 26, 2015 reveals pain to palpation over the bilateral sacroiliac joints with pain referred to the lower lumbar region, and pain with lumbar spine range of motion. The progress note dated September 11, 2015 documented a physical examination that showed decreased range of motion of the lumbar spine, and tenderness to palpation over the bilateral sacroiliac joints. Treatment has included physical therapy for the left hip, home exercise, and medications (Tramadol). The utilization review (September 29, 2015) non-certified a request for pain management consultation for a left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult and treatment for SI joint injection on the left: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Hip & 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 Pelvic Chapter/ Sacroiliac injections, therapeutic Hip and Pelvic Chapter/ Sacroiliac injections, diagnostic.

Decision rationale: According to ODG, diagnostic sacroiliac injections are not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion. Furthermore, ODG does not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). ODG recommends therapeutic sacroiliac joint injections 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. In this case the medical records do not establish evidence of conditions rheumatologic in origin to support the request for an SI joint injection. The request for Pain management consult and treatment for SI joint injection on the left is not medically necessary and appropriate.