MAXIMUS Federal Services

Case Number:	CM15-0211766		
Date Assigned:	10/30/2015	Date of Injury:	12/21/1988
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/28/2015

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: 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:

This is a 55 year-old male with a date of industrial injury 12-21-1988. The medical records indicated the injured worker (IW) was treated for lumbalgia; lumbar spondylosis; lumbar radiculopathy; lumbar degenerative disc disease; narcotic dependence; sacroiliac joint dysfunction; failed back surgery syndrome; cauda equina; and obesity, status post gastric bypass. In the progress notes (8-21-15 and 9-21-15), the IW reported constant low back pain radiating to the bilateral lower extremities, rated 8 out of 10. The pain was worsened by activity and was associated with bowel and bladder incontinence. He reported 50% pain relief with current medications. On examination (9-21-15 notes), range of motion of the lumbar spine was limited and painful. There was tenderness at the lumbar paraspinals and the sacroiliac joint. Patrick's test was positive on the left side only. Facet loading was positive bilaterally for extension plus rotation. Straight leg raise was negative bilaterally. Sensation was variable in the bilateral lower extremities and motor testing was 5 out of 5. Treatments included a left sacroiliac joint injection on 9-21 and 29-15; medications (Oxymorphone, Baclofen); physical therapy, currently attending; acupuncture, with significant benefit; interstim, with benefit. The IW was temporarily very disabled. The records provided did not include the IW's response to the previous sacroiliac joint injections, including functional gains. A Request for Authorization dated 9-30-15 was received for a sacroiliac joint injection under fluoroscopy. The Utilization Review on 10-6-15 non- certified the request for a sacroiliac joint injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac injection under 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) 2015, Hip and Pelvis chapter, Sacroiliac Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremity. The request is for SACROILIAC INJECTION UNDER FLUOROSCOPY. The request for authorization form is dated 09/30/15. Patient's diagnoses include lumbalgia; lumbar spondylosis; lumbar radiculopathy; lumbar degenerative disc disease; narcotic dependence; sacroiliac joint dysfunction; failed back surgery syndrome; cauda equina; obesity s/p gastric bypass. Physical examination of the lumbar spine reveals painful range of motion limited in all planes. Tender at lumbar paraspinals, sacroiliac joint. Positive bilateral facet loading. Patrick test positive at left. Straight leg raise test negative bilaterally. The patient reports no improvement with physical therapy. Significant improvement with acupuncture. Home exercise regimen emphasized with patient. Patient's medications include Oxymorphone, Baclofen, and Imitrex. Per progress report dated 09/21/15, the patient is temporarily very disabled. ODG Guidelines, Low Back Chapter under SI joint injections Section, 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. Per progress report dated 09/21/15, treater's reason for the request is "failure of other modalities, tender at left SI, Patrick's positive left." The patient continues with low back pain after failing conservative treatments and failed back surgery. However, the patient does not present with inflammatory SI joint problems documented from radiology, X-rays, bone scan or MRI/CT scans. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. Therefore, the request IS NOT medically necessary.