

Case Number:	CM15-0213246		
Date Assigned:	11/03/2015	Date of Injury:	02/07/2013
Decision Date:	12/18/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/29/2015

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:

The injured worker is a 53 year old female who sustained an industrial injury on 2-7-13. She is not working. Medical records indicate that the injured worker has been treated for low back pain; adjacent segment lumbar facet pain at L4-5; bilateral sacroiliac joint dysfunction; low back syndrome. She currently (7-28-15) complains of low back pain that intermittently radiates into the right thigh area. Physical exam (7-28-15) revealed palpatory tenderness over the left and right posterior superior iliac spine, increased pain with extension, palpatory pain above and below the fusion, positive bilateral Faber sign with left greater than right, limited range of motion and pain. The 1-14-15 note indicates that the injured worker has difficulty with standing, sitting, reclining, walking, and stair navigation. Her pain level at that time was 6 out of 10. Diagnostics include computed tomography of the lumbar spine (8-29-15) showing an L5-S1 fusion, degenerative changes in the facet joints at the level above L4-5; MRI showed degenerative changes above the fusion. Treatments to date include lumbar fusion (11-2013) without benefit; physical therapy; medication: Flexeril, Pepcid. Indications of prior injections were not present. In the 10-8-15 progress note the treating provider indicated that "the patient's symptoms may be emanating either from her L4-5 facets or possibly from her sacroiliac joints. I would like to proceed with sacroiliac joint injections bilaterally." The request for authorization dated 8-3-15 was for bilateral sacroiliac joint injection. On 10-15-15, Utilization Review non-certified the request for bilateral sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Hip and Pelvis, Procedure Summary.

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 chapter under SI joint therapeutic injection.

Decision rationale: The 53 year old patient complains of low back pain, as per progress report dated 10/08/15. The request is for bilateral SI joint injection. There is no RFA for this case, and the patient's date of injury 02/07/13. The patient is status post L5-S1 fusion, as per operative report dated 11/05/13. CT scan of the lumbar spine, dated 02/03/15, reveals degenerative changes in facet joints at L4-5, as per progress report dated 10/08/15. Diagnoses, as per progress report dated 07/30/15 included low back pain, adjacent segment lumbar facet pain at L4-5, and bilateral SI joint dysfunction. Medications include Flexeril, Pepcid and Singulair. Diagnoses, as per progress report dated 05/19/15, included degenerative shoulder arthritis, shoulder AC joint arthritis, chondromalacia patellae, shoulder joint pain, forearm joint pain, left leg joint pain, cervicalgia, cervical degenerative disc disease, low back syndrome, shoulder adhesive capsulitis, tenosynovitis of hand/wrist, and limb arthralgia. Medications, as per this report, included Tramadol, Cyclobenzaprine and Voltaren gel. The patient is not working, as per progress report dated 07/30/15. Official Disability Guidelines, Hip and Pelvis chapter under SI joint therapeutic injection: 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. 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. Below are current reviews on the topic and articles cited. There is some evidence of success of treatment with injections for inflammatory spondyloarthropathy, although most rheumatologists now utilize biologic treatments (anti-TNF and/or disease modifying antirheumatic drugs) for treatment. In this case, a request for the SI joint injection is noted in progress report dated 10/08/15. The treater states "the patient's pain symptoms may be emanating either from her L4-5 facets or possibly from her SI joints. I would like to proceed with SI joint injections bilaterally 1st." The treater further indicates that they would proceed with L4-5 facet blocks if the SI joint injections are not successful. Physical examination, as per progress report dated 07/30/15, revealed tenderness to palpation at bilateral PSIS along with painful range of motion and positive FABER sign. In the same report, the treater states that the patient may benefit from bilateral L4-5 facet joint blocks and from bilateral SI joint injections. However, CT scan, dated 02/03/15, states that the "sacroiliac joints are unremarkable." The patient does not present with inflammatory SI joint problems, and the ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. Hence, the request is not medically necessary.