

Case Number:	CM15-0213878		
Date Assigned:	11/03/2015	Date of Injury:	04/27/2010
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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 60 year old male, who sustained an industrial injury on April 27, 2010, incurring back injuries. He was diagnosed with lumbar compression fractures, lumbar degenerative disc disease, sciatica, cervical degenerative disc disease, sacroiliac joint arthropathy, cervical radiculopathy and cervical myelopathy. Treatment included physical therapy, chiropractic sessions traction, pain medications, trigger point joint injections, pain stimulator, lumbar epidural steroid injection, anti-inflammatory drugs, neuropathic medications, proton pump inhibitor, and antidepressants. Currently, the injured worker complained of intractable low back pain with numbness, muscle spasms and tightness in both legs. He rated his pain 6 out of 10 on a pain scale from 0 to 10. He complained of constant cervical neck pain with spasms and headaches. He was noted to be taking high doses of pain medications for pain relief. The injured worker reported immediate relief of his leg pain by 30% following a sacroiliac injection with improvement of his urinary incontinence. His low back pain was improved by 30% with the joint injections. The treatment plan that was requested for authorization included a retrospective sacroiliac joint bilateral injection with a date of service of March 19, 2015. On October 1, 2015, a request for a retrospective sacroiliac injection was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective SI (sacroiliac) joint bilateral injection (DOS: 03/19/2015): 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), Pelvis - SIJ Therapeutic 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 Chapter, SI Joint, pages 263-264.

Decision rationale: ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the diagnostic gold standard as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks questioning validity. There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not clearly defined symptom complaints, documented specific clinical findings or met the guidelines criteria with ADL limitations, failed conservative treatment trials, or functional improvement of at least 70% pain relief for at least 6 weeks from treatment previously rendered for this chronic 2010 injury. The Retrospective SI (sacroiliac) joint bilateral injection (DOS: 03/19/2015) is not medically necessary and appropriate.