

Case Number:	CM15-0222719		
Date Assigned:	11/18/2015	Date of Injury:	09/24/2013
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 27 year old male with a date of injury on 9-24-13. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 8-19-15 reports lower back pain rated 4-7 out of 10, constant ache, no change in left lower extremity to foot and left leg numbness to the knee, pain at buttocks, prolonged sitting, standing and walking increases the pain. He has had 18 chiropractic sessions, 6 sessions of acupuncture, left SI joint injection decreased pain mildly, left epidural injection on 6-11-25. Objective findings: difficulty rising from sitting, antalgic gait protectively with stiffness, right and left side lumbar tenderness, lumbar range of motion decreased with pain. MRI lumbar spine 8-5-14 revealed L5-S1 2 mm mid-line disc protrusion resulting in mild effacement of anterior thecal sac with no neural abutment of central canal narrowing. Treatments include: medication, physical therapy, chiropractic, home exercises, acupuncture, sacroiliac joint injection (5-6-15). Request for authorization was made for Sacroiliac (SI) Injection number 3. Utilization review dated 10-15-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac (SI) Injection #3: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Sacroiliac joint injections (SJI).

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 / Sacroiliac injections, diagnostic & therapeutic.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to ODG Hip and Pelvis / Sacroiliac injections, diagnostic & therapeutic: "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," "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." In this case there is no indication for either diagnostic or therapeutic sacroiliac joint injection. This patient does not have a diagnosis of inflammatory spondyloarthropathy (sacroiliitis). This patient does not meet ODG criteria for consideration for sacroiliac fusion. Thus the proposed injection is not medically necessary and the recommendation is for non-certification.