MAXIMUS Federal Services

Case Number:	CM15-0223632		
Date Assigned:	11/19/2015	Date of Injury:	11/07/2014
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/13/2015

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 11-7-14. The injured worker was diagnosed as having lumbar-lumbosacral disc degeneration; lumbosacral neuritis NOS; lumbago; lumbar spinal stenosis; sacroiliitis NEC; Other intervertebral disc degeneration-lumbar spine; strain muscle, fascia and tendon lower back; sciatica left-side. Treatment to date has included physical therapy; lumbar epidural steroid injection (4-15-15; 5-26-15); medications. Currently, the PR-2 notes dated 10-14-15 indicated the injured worker returns to the office for a follow-up visit. He complains of left-sided low back pain and reports he has undergone epidural steroid injections (ESI) on the right and left sides (1st one on 4-15-15-2nd; and one on 5-26-15) with improved sciatic complaints, although he reports he does have intermittent complaints of sciatica. Per PR-2 note dated 9-15-15, the injured worker was scheduled for a 3rd ESI, but a diagnosis of atrial fibrillation was made and he was prescribed diltiazem 120mg. He discontinued the medication and an attempt was made for the 3rd ESI but he went into atrial fibrillation again. He had to resume his medication and the EIS was note done. On this date, his most significant issue is left-sided low back pain and reports his symptoms are activity-related. On the PR-2 note dated 10-14-15, the provider lists his current medications as: Norco 10-325mg 1 every 6 hours; Ultram 50mg 1 every 6 hours; Tizanidine 4mg 1 four times daily; (Norco 10-325mg is listed again every 4-6 hours); Zanaflex 4mg 1 three times daily and Aspirin. On physical examination, the provider documents: "The patient walks on the heels and toes without difficulty. Palpation of the thoracolumbar spine shows focal tenderness over the left PSIS. Range of motion of the spine is limited secondary to pain 75% of normal.

Lateral bending causes no pain. Extension measures 20 degrees with mild discomfort; sciatic notch tenderness is absent; motor strength of the lower extremities measures 5 out of 5 in all groups bilaterally; sensation to light touch is decreased on the left leg at L5 at S1. Lower extremity deep tendon reflexes are 2+ and symmetrical bilaterally. Seated straight leg raise test is positive on the left, and improved. Greater trochanter tenderness not present and sacroiliac joint tenderness is present on the left with positive FABERE on the left. Hip range of motion is full and non-tender; scoliosis is not present, lower extremity pulses are normal and no signs of instability." The provider reviewed x-rays and MRI of the lumbar spine. MRI of the lumbar spine dated 2-17-15 was most significant for severe neural foraminal stenosis at L1-2, L2-3, L3-4, L4-5 and L5-S1. The provider's treatment plan is for a request for authorization of a left sacroiliac joint injection due to sacroiliac joint pain. A Request for Authorization is dated 11-13-15. A Utilization Review letter is dated 10-27-15 and non-certification for Outpatient left sacroiliac (SI) joint injection under fluoroscopy. A request for authorization has been received for Outpatient left sacroiliac (SI) joint injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left sacroiliac (SI) joint injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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: Based on the 10/4/15 progress report provided by the treating physician, this patient presents with left-sided low back pain. The treater has asked for outpatient left sacroiliac (SI) joint injection under fluoroscopy on 10/4/15. The patient's diagnoses per request for authorization dated 10/20/15 are IMO sacroiliitis, degenerative disc disease, spinal stenosis lumbar, lumbar strain subsequent encounter, sciatica left. The patient is s/p epidural steroid injection on the left and right sides which improved sciatic complaints although he still does have intermittent complaints of sciatica per 10/4/15 report. The patient's most significant issue is low back pain, and his symptoms are activity-related per 10/4/15 report. The patient is attending physical therapy as of 8/18/15 report. The patient does not have a significant surgical history per 8/18/15 report. The patient is temporarily totally disabled until the next visit per 10/4/15 report. ODG-TWC, 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 10/14/15 report, the treater states: "His physical examination suggest the etiology of his left-sided low back pain is due to sacroiliac joint pain. Authorization is, therefore, requested for the patient to undergo a left sacroiliac joint injection under fluoroscopic guidance."

Review of the reports does not show any evidence of prior sacroiliac joint injections. The patient continues with low back pain radiating to the lower extremities. Physical exam per 10/14/15 report shows "sacroiliac joint tenderness is present on the left with positive Faber on the left, range of motion full and non-tender, sciatic notch tenderness is absent, positive seated straight leg raise on the left, improved." A lumbar X-ray of unspecified date showed generalized degenerative changes, mild loss of lumbar lordosis, but no instability/deformity, no pars defects, no fractures per 10/14/15 report. A lumbar MRI from 2/17/15 showed degenerative disc disease, multiple-level stenosis. However, review of reports do not show evidence of inflammatory SI joint problems as documented by radiology, X-rays, bone scan or MRI/CT scans. ODG guidelines do not recommend SI Joint Injections for non- inflammatory sacroiliac pathology. This request does not meet guidelines indication for a bilateral sacroiliac joint Injection. Therefore, the request is not medically necessary.