MAXIMUS Federal Services

Case Number:	CM15-0223683		
Date Assigned:	11/19/2015	Date of Injury:	01/06/2014
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old male who sustained an industrial injury on 1-6-2014. The medical records indicate the injured worker is being treated for left sacroiliac joint pain, central disc herniation L5-S1, grade I spondylolisthesis L5, L5 neural foraminal stenosis, and lumbar facet joint arthropathy. Per the treating physician's note dated 10-6-2015 the injured worker reports low back pain radiating to his left buttock and describes the pain as achy and stabbing and rates his pain at 9 out of 10. The injured worker reports he has experienced these symptoms since his date of injury. Per the treating physician's physical exam of the injured worker there is tenderness upon palpation of the left sacroiliac joint sulcus and he has full and painless range of motion in all limbs without instability. Per the physical exam the injured worker's lumbar spine range of motion was restricted by pain in all directions, he was able to forward flex so that the tip of long digit is 50cm from touching the floor, lumbar extension and side bending were 20 degrees with low back pain, and lumbar flexion was worse than lumbar extension. Also on physical exam per the physician sustained hip flexion, Gaenslen's, Patrick's maneuver, SI compression, and pressure at the sacral sulcus were all positive on the left and negative on the right. The treating physician is recommending a fluoroscopically guided diagnostic left sacroiliac joint injection to treat the injured worker's left sacroiliac joint pain and states he has failed physical therapy, non-steroidal anti-inflammatory drugs, and conservative treatments. Treatment to date for the injured worker includes bilateral L5-S1 transforaminal epidural steroid injection with fluoroscopy on 12-23-2014, physical therapy, and medications including Norco, Oxycodone 30mg, Xanax 1mg. A request for authorization was submitted on 10-6-2015 for

fluoroscopically guided left sacroiliac joint injection and 1 follow-up visit 2 weeks after the injection. The UR decision dated 10-29-2015 non-certified these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Fluoroscopically guided left sacroiliac 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 (ODG), Hip and Pelvis (Acute and Chronic), Sacroiliac injections, tehrapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip section, under sacroiliac injections.

Decision rationale: This claimant was injured in 2014. There is low back pain with radiation. There is tenderness at the left SI joint. There were several positive sacroiliac signs. He has failed conservative care. The request was for a fluoroscopically guided left sacroiliac joint injection. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes for Sacroiliac Injections: 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. See Sacroiliac fusion. Also Not recommended: Sacral lateral branch nerve blocks and/ or dorsal rami blocks in anticipation of sacroiliac radiofrequency neurotomy. See Diagnostic blocks in anticipation of SI neurotomy below. See also Sacroiliac problems, diagnosis; Sacroiliac injections, therapeutic; Sacroiliac radiofrequency neurotomy. Given these updated evidence-based guidelines, which are averse to these injections, I do not endorse a certification. Therefore, the requested treatment is not medically necessary.

1 Follow-up visit 2 weeks after injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

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, Office visits.

Decision rationale: As shared previously, this claimant was injured in 2014. There is low back pain with radiation. There is tenderness at the left sacroiliac joint. There were several positive

sacroiliac signs. He has failed conservative care. Regarding office visits, the MTUS is silent. The ODG notes that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the request for sacroiliac injection was not certified, therefore, there would be no clinical need for a post injection follow up visit. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.