MAXIMUS Federal Services

Case Number:	CM15-0223713		
Date Assigned:	11/19/2015	Date of Injury:	08/11/2010
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
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, Indiana, New
York Certification(s)/Specialty: Internal 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 51-year-old female who sustained an industrial injury on August 10, 2010. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include lumbar strain and sprain and cervical strain and sprain. In the provider notes dated October 28, 2015, the injured worker complained of increased low back pain radiating down the right lower extremity to the posterior knee. She describes her back pain as a deep ache which is worse with sitting. She has previously had a sacroiliac joint injection with success and has also used heat, Voltaren gel and Lidoderm patches. She reports, "Her pain levels have improved, but she is concerned due to the radiation down her right lower extremity." On exam, the documentation stated there is tenderness to deep palpation in the lumbar paraspinal muscles and right sacroiliac joint. "Piriformis muscle is tight on the right compared to the left." Straight leg raise test and Patrick's test are negative. The treatment plan includes medications, sacroiliac joint injection; continue Lidoderm patches and stretching exercises. A Request for Authorization was submitted for sacroiliac injection under fluoroscopic-CT guidance qty 1. The Utilization Review dated November 5, 2015 denied the request for sacroiliac injection under fluoroscopic-CT guidance qty 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac injection under fluoroscopic/Ct guidance, QTY: 1: 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 & Pelvis (Acute & Chronic).

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 section, Sacroiliac joint injections.

Decision rationale: Pursuant to the Official Disability Guidelines, Sacroiliac injection under fluoroscopic/CT guidance, QTY: 1 is not medically necessary. The guidelines do not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). They are recommended on a case-by-case basis for inflammatory spondyloarthropathy (sacroiliitis). Ultrasound guidance for hip injections is not recommended. Conventional anatomical guidance by an experienced clinician is generally adequate. In this case, the injured worker's working diagnoses are lumbar sprain strain: cervical sprain strain; morbid obesity; and sleep disturbance. Date of injury is August 10, 2010. Request for authorization is November 2, 2015. According to October 28, 2015, progress note, subjective complaints include increased low back pain that radiates to the right lower extremity and posterior knee. Medications include Lidoderm patch, Voltaren gel, Orphenadrine, and Tylenol. Objectively, straight leg raising was negative, motor function is 5/5, flexion of the lumbar spine is 90%, there is tenderness overlying the lumbar paraspinal muscles with tenderness over the right SI joint. The piriformis is tight. The guidelines do not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). The documentation shows the injured worker had a prior SI joint injection. There was no percentage improvement documented and that was no time duration document. There was no documentation demonstrating objective functional improvement from the prior SI joint injection. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective functional improvement from the prior SI joint injection and guideline non-recommendations for SI joint injections, Sacroiliac injection under fluoroscopic/CT guidance, QTY: 1 is not medically necessary.