

Case Number:	CM15-0030272		
Date Assigned:	02/23/2015	Date of Injury:	06/15/2010
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 34-year-old male, who sustained an industrial injury on 6/15/10. He has reported pain in the mid to low back. The diagnoses have included left lumbar radiculopathy, thoracic neuralgia multilevel disc protrusion and thoracic stenosis. Treatment to date has included lumbar epidural injections, lumbar MRI and oral medications. As of the PR2 dated 1/8/15, the injured worker reports severe pain in the buttock area that is aggravated by most activity. The treating physician noted a positive Patrick test on the left. The treating physician requested a left sacroiliac joint injection. On 2/2/15 Utilization Review non-certified a request for a left sacroiliac joint injection. The utilization review physician cited the ODG guidelines. On 2/12/15, the injured worker submitted an application for IMR for review of a left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac injections.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for left Sacroiliac Joint Injection is not medically necessary.