

Case Number:	CM15-0033394		
Date Assigned:	02/26/2015	Date of Injury:	11/12/2012
Decision Date:	04/10/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/23/2015

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 (IW) is a 46-year-old female, who sustained an industrial injury reported on 11/12/2012. She reported continued, radiating low left back pain. The diagnoses were noted to include lumbar radiculopathy. Examination findings noted classic sacroiliac arthralgia and believed to be a candidate for a series of 2 left-sided sacroiliac joint injections. Treatments to date have included consultations; diagnostic imaging studies; lumbar transforaminal injection (10/21/14); lumbar epidural steroid injection therapy (2/2/15); and chronic medication management. The work status classification for this IW was not noted to be working with restrictions. On 2/16/2015, Utilization Review modified, for medical necessity, the request, made on 2/9/2015, for left sacroiliac joint injection under fluoroscopy and anesthesia, x 2. The Official Disability Guidelines, hip and pelvis chapter, sacroiliac joint blocks, assessment, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injection left under fluoroscopy and anesthesia x 2: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacroiliac joint injections (SJI), http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm.

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 request for Sacroiliac joint injection left under fluoroscopy and anesthesia x 2 is not medically necessary.