

Case Number:	CM15-0037341		
Date Assigned:	03/05/2015	Date of Injury:	12/18/2013
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Anesthesiology, Pain Management

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 46-year-old female, who sustained an industrial injury on 12/18/2013. The current diagnoses are sacroiliac joint disorder and cervical sprain/strain. Currently, the injured worker complains of neck and right sacroiliac pain. Additionally, she reports radicular neuralgia of the right leg and locking of the right sacroiliac joint. Per notes, walking more than 30 minutes increases low back and right sacroiliac joint pain. The physical examination reveals decrease range of motion of the lumbar spine. Treatments to date has included physical therapy, chiropractic and acupuncture. There was significant pain relief reported following the acupuncture treatments. The 2014 MRI of the lumbar spine showed L5-S1 disc bulge with patent foramen and recess. The MRI of the cervical spine showed multilevel disc bulges. All the clinical notes from 2014 were duplicates with little or no changes to subjective and objective findings despite ongoing treatment. There was no documentation of provocative tests related to the SI joints. The treating physician is requesting epidural steroid injection to the right sacroiliac joint, which is now under review. On 2/5/2015, Utilization Review had non-certified a request for epidural steroid injection to the right sacroiliac joint. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection to the right sacroiliac joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Hip and Pelvis.

Decision rationale: The CA MTUS was silent on SI joint injections procedures. The ODG guidelines recommend that SI joints injections can be utilized for the treatment of SI joints pain that did not respond to conservative treatments with medications and PT. The guidelines require a documentation that the chronic SI joint pain is associated with more than 3 positive SI joints provocative tests and that other causes of low back pain had been excluded. The records did not show objective or radiological findings consistent with right SI joint pathology or the exclusion of other causes of low back pain. It is noted that the request was for 'epidural' steroid injection to the right SI joint but anatomically, the lumbar epidural space does not extend to the SI joint. It is therefore unclear what clinical condition is being treated by the requested steroid injection. The criteria for the epidural injection to the right sacroiliac joint was not met.