MAXIMUS Federal Services

Case Number:	CM15-0042182		
Date Assigned:	03/12/2015	Date of Injury:	09/12/2011
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/05/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who sustained an industrial injury on 09/12/2011. The low back, knees and wrists were affected. Diagnoses include lumbar facet syndrome; low back pain; knee pain; pain in joint, lower leg; and wrist pain. Treatment to date has included medications, activity modification, chiropractic treatment, knee joint and spinal injections, physical therapy and surgery. X-rays and MRIs have been performed. According to the progress notes dated 1/30/15, the IW reported bilateral lower extremity pain. The record stated pain is 5/10 with medications and 8/10 without medications. Previous sacroiliac joint (SIJ) injections on 8/11/14 were not beneficial; however, SIJ injections on 10/21/13 relieved pain by 90%. Medial branch nerve blocks were minimally beneficial. The requested service was part of the provider's treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip and Pelvis chapter,Sacroiliac Joint Injections.

Decision rationale: The patient presents with bilateral lower extremity pain. The patient is status post total knee arthroplasty from 11/11/2014. The physician is requesting BILATERAL SACROILIAC JOINT INJECTION. The RFA from 02/10/2015 shows a request for SI joint injection, side: both surgeon/physician M.J. The patient's date of injury from 09/12/2011 and she is currently off work. The MTUS and ACOEM Guidelines do not address sacroiliac joint injections, however, ODG Guidelines under the Hip and Pelvis chapter on Sacroiliac Joint Injections recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercises, and medication management. ODG further states, "In the treatment or therapeutic phase, the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least 70% pain relief is obtained for 6 weeks."The records show that the patient received an SI joint injection in August 2014 with 90 to 100% pain relief. The 01/30/2015 progress report shows the patient complains of bilateral lower extremity pain. The exam of the right hip shows tenderness over the groin, SI joint and trochanter. FABER?s test is positive. Range of motion is restricted in the left hip due to pain. Gaenslen's was positive. Pelvic compression test is positive. In this case, while the patient's prior SI joint injection provided 90 to 100% pain relief, the duration of pain relief was not noted. The request IS NOT medically necessary.