

Case Number:	CM15-0044699		
Date Assigned:	03/17/2015	Date of Injury:	04/04/2014
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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: Preventive Medicine, Occupational 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 39-year-old male, who sustained an industrial injury on April 4, 2014. He reported pain in his lower back, particularly the right side. The injured worker was diagnosed as having bilateral posttraumatic sacroiliitis, worse on the right than on the left. Treatment to date has included diagnostic studies, medications, joint injections, physical therapy, chiropractic treatment and acupuncture. On February 16, 2015, the injured worker complained of pain in the right and left sides of his lower back. The pain was noted to sometimes radiate into his lower extremities. Physical examination of the lumbar spine revealed decreased range of motion. He was given SI joint injections on 10/23/14. Follow up visit on 10/31/14 reported no significant change in back pain, activity levels of use of medications. Extension produced bilateral sacroiliac joint pain, worse on the right than on the left. Tenderness was noted over the sacroiliac joints bilaterally. He was given an injection of 40mg of Depo Medrol and 4cc of Xylocaine into the right sacroiliac joint. The treatment plan included a follow-up visit for a repeat left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI Joint Injections Bilateral: 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 - Sacroiliac joint injection.

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

Decision rationale: MTUS Guidelines do not address this issue in adequate detail; ODG Guidelines do address this issue in great detail. Due to the uncertain benefits from Sacroiliac (SI) injections, Guidelines have very specific criteria to justify an initial trial of injections and/or repeat injections. To justify repeat injections there is recommended to be at least a 70% improvement in pain that lasts for at least 6 weeks. There is no evidence of this level of response. The uses of medications and functional limitations have remained the same after the prior injections. An evaluation about a week after the initial injections reported no changes. Under these circumstances, the (repeat) SI joint injections are not supported by Guidelines and are not medically necessary.