

Case Number:	CM15-0052787		
Date Assigned:	03/26/2015	Date of Injury:	06/27/2014
Decision Date:	05/06/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 48 year old female who sustained an industrial injury on 6/27/14. She has reported that her right leg gave way and she fell on to a pallet with immediate pain in the low back. The diagnoses have included lumbosacral disc degeneration, lumbosacral spondylosis, lumbosacral sprain and sacroiliitis. Treatment to date has included medications, diagnostics, physical therapy and conservative measures. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 11/10/14. The computerized axial tomography (CT scan) of the pelvis was performed on 8/6/14. Currently, per the physician progress note dated 2/11/15, the injured worker complains of constant severe low back pain that radiates to the right thigh and calf. She also has numbness and tingling in the right foot and has spasms in the bilateral buttocks and hips. The lumbar spine exam revealed diminished range of motion with back pain, straight leg raise was positive on the right, and there was lumbosacral midline tenderness noted. The physician noted that the symptoms were not consistent with the lumbar Magnetic Resonance Imaging (MRI), which does not reveal any significant stenosis to account for the symptoms; it appears that sacroiliitis would more likely be the source of the symptoms. The physician recommended her to continue the Naproxen with food and bilateral sacroiliac joint injections. The physician requested treatment included outpatient bilateral sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Bilateral Sacroiliac Joint Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

Decision rationale: Pursuant to the Official Disability Guidelines, outpatient bilateral SI joint injections are not medically necessary. SI joint injections are recommended as an option if the patient failed of these 4-6 weeks of aggressive conservative therapy. SI dysfunction is poorly designed and the diagnosis is often difficult to make due to the presence of other low back pathology. The criteria include, but are not limited to, the history and physical examination should suggest the diagnosis; the patient has had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management; blocks are performed under fluoroscopy; a positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second block is not performed; if steroids are injected during the initial injection, the duration of pain relief should be at least six weeks with at least greater than 70% pain relief for this; etc. In this case, the injured worker's working diagnoses are lumbar strain; sacroiliitis; and degenerative discs L4 - L5 and L5 - S1. Subjectively, according to a progress note dated February 11, 2015, the injured worker presents with severe low back pain that radiates to the right posterior thigh and calf. Symptoms are worse with prolonged standing, lifting, bending and squatting. There is spasm in the bilateral buttocks and hips. Objectively, the injured worker's day is normal. Range of motion is moderately diminished, motor strength is normal, sensation is intact both lower extremities, there is tenderness over the lumbosacral spine midline. There is no paralumbar, right sciatic notch or less sciatic notch tenderness. The guidelines state the history and physical should suggest the diagnosis (with at least documentation of three positive examination findings). There are no positive objective findings documented in the medical record. SI pathology is often difficult to make due to the presence of other potential low back pathology. Consequently, absent clinical documentation with history and physical examination findings that suggest the diagnosis of SI pathology, outpatient bilateral SI joint injections are not medically necessary.