MAXIMUS Federal Services

Case Number:	CM15-0053132		
Date Assigned:	03/26/2015	Date of Injury:	05/29/2003
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
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: 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 is a 43-year-old male who sustained an industrial injury on May 29, 2003. The injured worker was diagnosed with lumbar/lumbosacral intervertebral disc degeneration and lumbosacral spondylosis. The injured worker is status post L4-5 decompressive laminectomy in 2011 and bilateral L5-L6 foraminotomy and medial facetectomy and L5-L6 (lumbarized sacrum) arthrodesis instrumentation on February 5, 2014. Lumbar Computed Tomography (CT) was performed on February 8, 2014. The injured worker received 8 sessions of post-operative physical therapy, which made the pain worse. According to the primary treating physician's progress report on March 2, 2015, the patient continues to experience lower back and mid back pain. Examination demonstrated a positive jump response to trigger point on the lower trapezius rhomboid area on the left side with pain traveling around the left rib cage. Current medications are listed as Dilaudid, Ranitidine, Duragesic patch and Lidoderm patch. Treatment plan consists of small increases in his walking distance; continue with current medication regimen, urine drug screen and the request for a left sacroiliac (SI) injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left sacroiliac joint injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac injections.

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. Therefore, the requested for 1 left sacroiliac joint injection is not medically necessary.