

Case Number:	CM15-0082229		
Date Assigned:	05/04/2015	Date of Injury:	10/21/2008
Decision Date:	06/03/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/29/2015

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, 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 50-year-old male, who sustained an industrial injury on 10/21/2008, while transferring water and soda cases. The injured worker was diagnosed as having lumbar post laminectomy syndrome and sacroiliitis. Treatment to date has included diagnostics, L4-5 and L5-S1 fusion with cage in 2010 and 2012, injections, physical therapy, and medications. Currently, the injured worker complains of pain in the low back and across sacroiliac joints, rated 8/10. Magnetic resonance imaging of the lumbar spine (1/05/2015) was referenced. He had bilateral sacroiliac joint injections in 11/2014, which were documented to provide 70% relief of pain and improved functioning. He has been referred for consult regarding sacroiliac joint fusion surgery but this was noted as taking some time. Current medication use included Hysingla ER. He requested repeat bilateral sacroiliac joint injections and this was requested under fluoroscopy. A progress report dated March 30, 2015 identifies ongoing low back pain. The note indicates that he has been referred for consultation for sacroiliac joint fusion, which has taken some time to find a physician. The note indicates that the patient has pain in his low back radiating into the right leg. Physical examination findings revealed tenderness to palpation over the sacroiliac joints with reduced sensation in the L3, L4, and L5 dermatomal pattern. As well as sacroiliac joint injections. The treatment plan recommends diagnostic facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection under fluoroscopy: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it appears that other pain generators are being evaluated as facet injections were recently requested. Finally, physical examination findings identify radiculopathy. As such, the currently requested sacroiliac joint injections are not medically necessary.