

Case Number:	CM15-0083988		
Date Assigned:	05/06/2015	Date of Injury:	04/17/2009
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/01/2015

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, Hawaii
 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 is a 50 year old male, who sustained an industrial injury on 4/17/2009. He reported injury from pulling a bathtub. The injured worker was diagnosed as having bilateral sacroiliitis, lumbar sprain/strain with herniations, failed back surgery syndrome and prior lumbar spine fusion with radiculopathy. Lumbar computed tomography scan showed prior fusion hardware and a lumbar 2-3 disc bulge. Cervical magnetic resonance imaging showed cervical 5-6 disc herniation. Treatment to date has included epidural steroid injection, surgery and medication management. In a progress note dated 3/16/2015, the injured worker complains of severe low back pain and pain over the bilateral buttocks radiating to the bilateral thighs with progressive numbness and tingling. The treating physician is requesting bilateral sacroiliac joint steroid injection on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Steroid Injection left side first: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Sacroiliac joint injections (SJI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis, Sacroiliac Joint Injection.

Decision rationale: The patient presents with pain affecting the low back and bilateral buttocks with radiation to the bilateral thighs. The current request is for Bilateral Sacroiliac Joint Steroid Injection left side first. The treating physician report dated 3/16/15 (53B) states, "I am also requesting authorization for the first bilateral sacroiliac joint injection, to be performed on separate dates, and started on the left side based on the progressive radiculitis/radiculopathy to the bilateral lower extremities. This is also based on the significant MRI results." The MTUS and ACOEM Guidelines do not address sacroiliac joint injections, however, ODG guidelines 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; failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. In this case, while the patient has failed over 4-6 weeks of conservative therapy, and other possible pain generators have been addressed with imaging and diagnostic studies, there were only 2 positive exam findings for SI joint syndrome in the medical reports provided for review. The above mentioned exams were dated 12/8/14 (26B) and 3/16/15 (53B). The current request does not satisfy the ODG guidelines as all of the required criteria for a sacroiliac joint injection is not met. The request is not medically necessary.