

Case Number:	CM15-0089775		
Date Assigned:	05/14/2015	Date of Injury:	08/30/2000
Decision Date:	06/15/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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

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 53-year-old male, who sustained an industrial injury on 08/30/2000. He has reported injury to the neck and low back. The diagnoses have included degenerative disc disease, cervical; degenerative disc disease, lumbar; right shoulder pain; sacroiliac joint pain; depression; status post lumbar spine fusion; and status post two level cervical fusion on 09/01/2011. Treatment to date has included medications, diagnostics, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Oxycodone IR, Voltaren Gel, and Cymbalta. A progress note from the treating physician, dated 03/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain that radiates down both upper extremities to the thumb and index finger in each hand; bilateral shoulder pain ; low back pain which is in the midline of the lower lumbar spine and to the right of midline of the lumbar spine; this pain now radiates into the buttocks and both hips and down the back of the left lower extremity to the foot; numbness in both upper extremities and both lower extremities; all of his daily activities are limited secondary to pain; and pain is somewhat relieved with medications. Objective findings included marked tenderness to midline of the cervical spine; marked tenderness in the midline of the lower lumbar spine; decreased lumbar spine range of motion; tenderness over the right shoulder; positive straight leg raising test on the left; and Faber test is positive bilaterally. The treatment plan has included the request for bilateral sacroiliac (SI) injections under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac (SI) injections under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Therapeutic Trial of Opioids - On-Going Management Page(s): 13-15, 78, 86.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, SI Joint, pages 263-264.

Decision rationale: ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the "diagnostic gold standard" as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not met guidelines criteria especially when previous SI injections have not been documented to have provided any functional improvement for this chronic injury. The Bilateral sacroiliac (SI) injections under fluoroscopy is not medically necessary and appropriate.