

Case Number:	CM15-0233928		
Date Assigned:	12/10/2015	Date of Injury:	08/03/2006
Decision Date:	01/12/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	11/30/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 67 year old female who sustained an industrial injury on 8-3-06. Medical records indicate that the injured worker has been treated for significant spinal deformity; severe osteoporosis; advance scoliosis; advanced disc disease and stenosis. She currently (10-1-15) remains debilitated and "profoundly deconditioned" complaining of back pain with range of motion. Physical exam revealed severely limited active range of motion of thoracolumbar spine; tenderness in the right sacroiliac area, pelvic compression test refers immediate sharp pain to the right sacroiliac joint. Motor and neurological examinations were normal. Treatments to date include medications: narcotic based medication, diclofenac, omeprazole; left sacroiliac joint injection (7-1-15); right sacroiliac joint injection under ultrasound guidance (10-1-15). The request for authorization dated 10-1-15 was for right sacroiliac joint injection under ultrasonic guidance. On 11-13-15 Utilization Review non-certified the request for right sacroiliac joint injection under ultrasonic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection with ultrasound guidance: 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 Official Disability Guidelines (ODG) pelvis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, sacroiliac joint therapeutic injections are not recommended for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. Sacroiliac joint blocks maybe recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition, there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case, there is no evidence of aggressive conservative therapy being performed prior to the request for the right sacroiliac joint. There is no documentation of inflammatory sacroiliac pathology. The documentation only supports two positive physical exam findings for sacroiliac pathology. The request is unclear whether the requested procedure is for diagnostic or therapeutic purposes. Therefore, the guideline criteria have not been met and the request is not medically necessary.