

Case Number:	CM15-0237070		
Date Assigned:	12/14/2015	Date of Injury:	11/15/2005
Decision Date:	01/19/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/04/2015

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, Oregon, Washington
 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 56 year old male, who sustained an industrial injury on 11-15-05. Medical records indicate that the injured worker is undergoing treatment for lumbar or thoracic radiculopathy and post lumbar laminectomy syndrome. The injured workers current work status was not identified. On (9-24-15) the injured worker complained of low back pain with radiated to the right lower extremity. The injured worker also noted that he had difficulty sleeping and had tremendous pain. Physical examination revealed tenderness in the right sacroiliac joint. Pelvic compression referred some pain to the right sacroiliac area. A straight leg raise test was moderately positive on the right. The injured worker underwent right sacroiliac joint injection during the visit. Treatment and evaluation to date has included medications, a transcutaneous electrical nerve stimulation unit, psychology sessions and a home exercise program. Medications tried and failed include Gabapentin, Lyrica and Cymbalta. Current medications include MS Contin, Oxycontin, insulin and Lisinopril. The Request for Authorization dated 9-24-15 included a request for a retrospective outpatient right sacroiliac joint injection with Marcaine 5%, Dexamethasone and Ketorolac under ultrasound (date of service: 09-24-2015). The Utilization Review documentation dated 11-18-15 non-certified the request for a retrospective outpatient right sacroiliac joint injection with Marcaine 5%, Dexamethasone and Ketorolac under ultrasound (date of service: 09-24-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective outpatient right sacroiliac joint injection with Marcaine 5%, Dexamethasone and Ketorolac under ultrasound (dos: 09/24/2015):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), Hip and Pelvis, Sacroiliac injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis / Sacroiliac injections, diagnostic & therapeutic.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to ODG Hip and Pelvis / Sacroiliac injections, diagnostic & therapeutic: "Not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion. Not recommend therapeutic sacroiliac intra-articular or periarticular injections 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." In this case there is no indication for either diagnostic or therapeutic sacroiliac joint injection. This patient does not have a diagnosis of inflammatory spondyloarthropathy (sacroiliitis). This patient does not meet ODG criteria for consideration for sacroiliac fusion. Thus the proposed injection is not medically necessary.