

Case Number:	CM15-0237393		
Date Assigned:	12/14/2015	Date of Injury:	12/31/2012
Decision Date:	01/22/2016	UR Denial Date:	11/10/2015
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

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 56 year old female who sustained an industrial injury December 31, 2012. Diagnoses are lumbar strain; chronic right lower extremity radiculopathy (confirmed on EMG (electromyogram) March 9, 2015); clinical evidence of left sacroiliac joint strain with positive Faber with reproduction of pain; status post LESI (lumbar epidural steroid injection) August 2014, with no improvement; status post signing opioid agreement. According to a primary treating physician's progress report dated October 26, 2015, the injured worker presented with complaints of severe back pain, rated 9 out of 10, which radiates to the buttock, hip, leg, foot, and toes. She reported associated symptoms including; locking, burning, stiffness, stabbing, weakness, giving way, numbness and tenderness. Current medication included aspirin and Norco. She also uses ice for the pain. Physical examination revealed; normal balance, no gross muscle weakness; tenderness in the right sacroiliac joint, more than the left; lumbar spine tender with limited motion; gait slightly antalgic on the right. At issue, is the request for authorization for a right sacroiliac injection under fluoroscopy. According to utilization review dated November 10, 2015, the request for right SI Joint Injection is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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): Chapter Hip/Pelvis, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

Decision rationale: The patient was injured on 12/31/12 and presents with back pain. The request is for a right sacroiliac joint injection under fluoroscopy. The RFA is dated 11/02/15 and the patient is temporarily totally disabled. Review of the reports provided does not indicate if the patient had a prior sacroiliac joint injection. ODG Guidelines, Low Back Chapter under SI joint injections Section: 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. The patient is more tender in the right sacroiliac joint than the left, has tenderness with limited motion of the lumbar spine, and has a slightly antalgic gait on the right. She is diagnosed with lumbar strain, chronic right lower extremity radiculopathy, clinical evidence of left sacroiliac joint strain with positive Faber with reproduction of pain, status post LESI (August 2014), and status post signing opioid agreement. The 10/26/15 treatment report states that: "since the right side is very symptomatic, I will request right SI injection." The patient does not present with inflammatory SI joint problems, and the ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. Therefore, the request is not medically necessary.