

Case Number:	CM14-0186103		
Date Assigned:	11/14/2014	Date of Injury:	11/01/2012
Decision Date:	12/16/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 11/1/12 while employed by. Request(s) under consideration include fluoroscopically guided diagnostic right sacroiliac joint injection. Diagnoses include Disorder of the Sacrum. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/26/14 from the provider noted the patient with chronic ongoing bilateral lower back pain radiating to left buttocks. There is past medical history of Diabetes and hypertension. Medications list Insulin, Novo log, Levemir, Metformin, Glimperide, Diovan, and Tramadol. Exam showed diffuse tenderness of left shoulder and lumbar paraspinal muscles; limited range in all planes by pain with positive Straight leg raise on right, Patrick's and Gaenslen testing; tenderness at bilateral sacral sulci; symmetrical DTRs; antalgic gait; motor strength of 5/5; and heel and toe walking with reduced balance. The patient underwent fluoroscopically guided Left SI joint radiofrequency nerve ablation with IV conscious sedation on 10/10/14. The request(s) for fluoroscopically guided diagnostic right sacroiliac joint injection was non-certified on 10/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic right sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

Decision rationale: The Official Disability Guidelines (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 at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, no persistent findings was not demonstrated on medical reports submitted nor was there evidence for failed conservative trial. 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 recent SI injections have not been documented to have provided any functional improvement of at least 70% pain relief for at least 6 weeks for this 2012 chronic injury. The Fluoroscopically guided diagnostic right sacroiliac joint injection is not medically necessary.