

Case Number:	CM14-0091778		
Date Assigned:	07/25/2014	Date of Injury:	07/01/1996
Decision Date:	09/18/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational Medicine 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:

The claimant was injured on 07/01/96 when she slipped and fell. A sacroiliac joint injection is under review. She saw Dr. [REDACTED] on 05/21/13. She had been recently admitted for an epidural opioid trial with marked improvement in pain and function. Authorization for a permanent intrathecal pump was requested. She had past preoperative psychological screening. She is status post left foot and ankle fractures after a 10/13/13 incident. He was advised on delayed fracture healing and continued use of a moon boot. She could not tolerate a home exercise program. She has a history of failed back surgical syndrome. She is status post fractures of the lower extremities. She has been using a walker. She had an MRI on 02/10/14. She had pain over the bilateral SI joints with SI joint loading positive. She was very tender over the greater trochanters. She was diagnosed with SI joint disease and facet changes and is status post fusion. SI joint injections were recommended bilaterally and after that she would be better able to do physical therapy. She was complaining of more pain in her low back and down the lateral aspect of both legs. She had 4 surgeries on her lumbar spine. Greater trochanter injections were also recommended. On 02/27/14, she had neurological complaints. She could not walk and was in a wheelchair. She underwent ORIF of the left ankle on 03/11/14. On 05/21/14, she had new pain in the right low back and hip that was stabbing and aching and constant. She wanted to have the cast removed because it was becoming sharp and painful. She had trouble with sleep. She had pain over the right SI joint and again a right SI joint injection was recommended. She was to start PT again once her cast was off. The intrathecal pump was interrogated. On 04/07/14, she was seen again. She continued to have constant and achy low back pain. Physical examination revealed pain over the left greater trochanter but the SI joints are not described. A left greater trochanter bursa injection was recommended. On 06/09/14, the low back was not described objectively. There is no mention of SI joint injections. She was to continue her home exercise

program. On 07/22/14, she was noted to have tenderness of the right lateral paralumbar regions and the bilateral SI joints and sciatic notches. She was to contact Dr. [REDACTED] regarding the infected surgical site and was to continue home exercises. There is no mention of injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC JOINT INJECTION WITH FLUOROSCOPIC GUIDANCE ON THE RIGHT -QTY-1.0: 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): Chapter12, Low Back, Sacroiliac injections.

Decision rationale: The history and documentation do not objectively support the request for a right sacroiliac joint injection under fluoroscopic guidance. The MTUS do not specifically address SI joint injections and the ODG state these injections are "not recommended except as a last resort for chronic or severe sacroiliac joint pain." The claimant has chronic pain but no recent documentation of sacroiliac dysfunction has been submitted for review in support of this request. The ODG recommend SI joint injections only after an aggressive rehab program has failed to provide significant or sustained benefit. There is also no evidence that the claimant has been involved in an ongoing exercise program that is to be continued in conjunction with injection therapy. There is no documentation that she has completed an aggressive program of rehab targeting the SI joint. The medical necessity of this request for a right side sacroiliac joint injection under fluoroscopic guidance has not been clearly demonstrated.