

Case Number:	CM14-0217669		
Date Assigned:	01/07/2015	Date of Injury:	10/08/2012
Decision Date:	03/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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:

This patient is a 33 year old male with a date of injury of 10/8/12. According to progress report dated 11/19/14, the patient presents with low back pain radiating down the lower extremities. The patient is utilizing Gabapentin 300mg and Tramadol HCL 50mg for pain. The patient has undergone L4-5 LESI on 4/25/14, medial branch block of left L3, L4, L5 and S1 on 7/18/14 and a SI joint injection on the left on 8/29/14. Examination of the lumbar spine revealed muscle spasms with some noted edema in the left paraspinal region. Range of motion is decreased with noted pain. On palpation, paravertebral muscles, hyper-tonicity, spasm, tenderness, and tight muscle band is noted. Straight leg raise and lumbar facet loading are both positive. There is tenderness noted over the sacroiliac spine and left SI joint pain is noted with external hip rotation. Examination of the left hip revealed tenderness over the SI joint and positive Gaenslens, and Fabers test. The listed diagnoses are: 1. Disc disorder lumbar. 2. Low back pain. 3. Lumbar radiculopathy. 4. Other back symptoms The patient is working full time with modifications. Treatment plan was for a diagnostic sacroiliac joint injection on the left side. The Utilization review denied the request on 11/24/14. Treatment reports from 5/28/14 through 12/12/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One diagnostic left sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pelvic/hip chapter, SI joint injections

Decision rationale: This patient presents with low back pain that radiates into the posterolateral thigh and left leg. The current request is for DIAGNOSTIC SACROILIAC JOINT INJECTION LEFT SIDED. The Utilization review denied the request stating that both [REDACTED] and [REDACTED] clearly report in both of their notes that the injection did not provide relief. The ODG Guidelines has the following regarding SI joint injection under its pelvic/hip chapter: SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG further states, Criteria for the use of sacroiliac block: 1. The history and physical should suggest a diagnosis with documentation of at least 3 positive exam findings. The patient has undergone an initial SI joint injection on 8/29/14 and as documented on report dated 11/19/14 the injection provided no relief. Regarding repeat sacroiliac joint injections, ODG guidelines states the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least 70% pain relief is obtained for 6 weeks. In addition, the patient presents with radicular symptoms and has a diagnosis of lumbar radiculopathy, which is not consistent with SI joint syndrome. The requested SI joint injection IS NOT medically necessary.