

Case Number:	CM15-0106933		
Date Assigned:	07/08/2015	Date of Injury:	10/29/2014
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 43 year old male sustained an industrial injury to the low back on 10/29/14. Previous treatment included magnetic resonance imaging, transcutaneous electrical nerve stimulator unit, lumbar support and medications. In a PR-2 dated 6/30/15, the injured worker complained of ongoing sacroiliac joint pain rated 2-3/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation over the midline lumbosacral spine, left paraspinal musculature and left sacroiliac joint with negative bilateral straight leg raise, full lumbar spine range of motion, decreased deep tendon reflexes and intact sensation to bilateral lower extremities. The injured worker could heel-and-toe walk normally. Current diagnoses included lumbar spine sprain/strain, left sacroiliac joint pathology and resolved left sciatica. The treatment plan included left sacroiliac joint injection and continuing transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical left SI joint injection under fluoroscope: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac injections.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient's file, that the patient had significant functional improvement from a prior SI injection performed on February 27, 2015. Therefore, the request for Surgical left SI joint injection under fluoroscope is not medically necessary.