

Case Number:	CM15-0110538		
Date Assigned:	06/17/2015	Date of Injury:	05/14/2013
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 5/14/2013, resulting from a motor vehicle accident. The injured worker was diagnosed as having lumbosacral neuritis, not otherwise specified. His past medical history included diabetes. Treatment to date has included diagnostics, physical therapy, lumbar epidural injections, lumbar support, and medications. Agreed Medical Examination report (12/02/2014) supplement noted inconsistent urine toxicology (9/24/2014) and referenced lower extremity electromyogram and nerve conduction studies of the lower extremities (10/06/2014). Multiple radiographic imaging results were noted. Currently, the injured worker complains of low back pain radiating into the posterior calf, associated with paresthesias of the left knee. He had difficulty sitting due to pain in his left buttock and left leg. Pain was rated 5/10. Current medications for pain included Norco and Relafen. Physical exam noted 5/5 strength in the bilateral lower extremities and intact sensation. His range of motion was full in his neck and back. Gait and station were within normal limits. Magnetic resonance imaging of the lumbar spine was documented as showing mild degenerative disc disease at multiple levels. He was currently not working. The treatment plan included left sacroiliac joint injections x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac (SI) injections, Qty 3, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis chapter - Sacroiliac joint blocks.

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 fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. Therefore, the requested for Left Sacroiliac (SI) injections, Qty 3, as an outpatient is not medically necessary.