

Case Number:	CM15-0113037		
Date Assigned:	06/19/2015	Date of Injury:	08/05/2007
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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:

The injured worker is a 46 year old female who sustained an industrial injury on 08/05/07. She reported complaints of low back pain. She was diagnosed with an orthopedic lumbar spinal injury. Treatments to date have included: opioid analgesic, pool exercises, physical therapy, nerve blocks, x-rays, lumbar computerized tomography scan, MRI of the lumbosacral spin, lumbar epidural steroid injections and surgery-fusion L4-L5. Primary treating physician progress report dated 05/07/15 reports the injured worker complains of chronic back pain, rated 8/10. The pain is described as aching, spasm, soreness and is accompanied by numbness, radicular pain, weakness in bilateral lower extremities. The injured worker reports she has relief with current opioid analgesic medications and 90% improvement in pain. A review of the opioid rules and regulations was performed and the physician stated no complications, behavioral changes, habituation or diversion related to opioid medications were noted. Urine Drug Screen on 4/14/15 was within normal limits. Plan of care includes: medications as listed, SI injection to clarify the extent of SI joint pathology per suggestion of surgeon, follow in one month. Work status determined to be permanent stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injection bilaterally to clarify extent of SI joint pathology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter.

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

Decision rationale: 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, none have been demonstrated on medical reports submitted. 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 with diagnosis of lumbar spinal injury s/p lumbar fusion and LESI for this chronic injury of 2007 without any functional improvement from treatment rendered. The Sacroiliac joint injection bilaterally to clarify extent of SI joint pathology is not medically necessary and appropriate.