

Case Number:	CM15-0123998		
Date Assigned:	07/08/2015	Date of Injury:	03/23/2009
Decision Date:	08/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 48 year old male patient with an industrial injury dated 03/23/2009. His diagnoses included status post cervical fusion syndrome, status post laminectomy syndrome with residual radiculopathy and sacroiliac joint disease. Per the QME report dated 6/9/15, he had complaints of cervical pain with radiation to the right upper extremity and low back pain with radiation to the left lower extremity. Per the note dated 6/23/15, he had low back pain and sciatica. Per the note dated 02/24/2015 he had complaints of severe pain in the low back radiating into the hips. He stated that his pain prevents him from almost all activities of daily living. He remained on multiple pain medications and used a four prong cane for ambulation. The physical examination revealed Cervical spine- normal range of motion without tenderness or pain; lumbar spine- palpable tenderness with hypothesises in the left lateral foot and calf, restricted range of motion, Straight leg raising positive on the left and positive FABER maneuver bilaterally. The medications list includes ranitidine, gabapentin, percocet, lidocaine patch, ibuprofen and amitriptyline. He has had lumbosacral myelogram dated 2/18/15 which revealed post surgical changes at L4-5 and L5-S1 and mild lumbar sponylosis; lumbar CT scan dated 2/14/2014; CT scan of the sacrum dated 9/23/14 which revealed evidence of sacroiliac joint disease. He has undergone lumbar fusion on 9/04/13. Prior treatment included surgery and medications. Treatment request is for diagnostic sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic SI Joint Injection: 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 Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 8/17/15) Sacroiliac injections, diagnostic.

Decision rationale: Diagnostic SI Joint Injection. Per the ODG, diagnostic sacroiliac joint injection is not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). Also not recommended: Sacral lateral branch nerve blocks and/ or dorsal rami blocks in anticipation of sacroiliac radiofrequency neurotomy. There is no high grade scientific evidence to support diagnostic sacroiliac joint block. Failure to previous conservative therapy including physical therapy was not specified in the records provided. The medical necessity of Diagnostic SI Joint Injection is not fully established in this patient at this time.