

Case Number:	CM15-0127087		
Date Assigned:	07/13/2015	Date of Injury:	07/21/2012
Decision Date:	08/13/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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:

The injured worker is a 52-year-old male patient who sustained an industrial injury on 07/21/2012. The injured worker was employed as a rocket technician. A recent primary treating office follow up dated 04/08/2015 reported the chief complaint of back pain. He reported subjective complaint of moderate to severe pain radiating into leg associated with slicking, popping, locking, grinding, stiffness, and weakness. Physical examination of the SI joint revealed tenderness on palpation on left posteriorly. He states having noted a decrease in the level of function during activities since the last visit. He states taking Norco and Soma along with heat application, which does help with the symptoms. The following diagnoses were applied: left greater, sacroiliac strain/sprain, acute from 07/21/2012; history of L4-S1 decompression and fusion with solid radiographic fusion from 2004; status post gastric bypass with 100 pound weight loss; radiographic widening of the left SI joint indicating instability; confirmed by computerized tomography scan; status post left L3-4 lumbar epidural steroid injection 06/20/2013 without change in symptom; progressive feelings of depression, and unconfirmed electrodiagnostic findings suggestive of left L5-S1 radiculopathy. The plan of care involved: administering a sacroiliac joint injection that following day; possible surgical intervention; continue with medication regimen, and follow up. The medication list includes Norco and Soma. Patient had received left SI joint injection for this injury on 1/17/13 without benefit. The patient has had x-ray of the lumbar spine on 12/16/14 that revealed post surgical changes. Patient has received an unspecified number of PT visits for this injury. The medication list includes Naproxen, Soma, Flexeril, and Tramadol. The patient has used a TENS unit. The patient has had an X-ray of left SI joint that revealed widening of joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac (SI) joint injection qty: 2: 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) Hip and Pelvis chapter Hip & Pelvis (updated 08/04/15) Sacroiliac joint injections (SJI).

Decision rationale: Request Sacroiliac (SI) joint injection qty: 2. California Medical Treatment Utilization Schedule (MTUS) does not address SI joint injection under fluoroscopy. Therefore ODG used. As per ODG SI joint injection under fluoroscopy "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy." Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehabilitation efforts including physical therapy and chiropractic sessions was not specified in the records provided. Evidence of lack of response to conservative treatment including exercises, physical methods was not specified in the records provided. A detailed examination of the SI joint area was not specified in the records provided. Patient had received left SI joint injection for this injury on 1/17/13 without benefit. Any operative/procedure note was not specified in the records specified. Per the cited guidelines, for repeat sacro iliac injections, "the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period". Any evidence that the duration of pain relief was at least 6 weeks with at least > 70% pain relief recorded for this period, after the previous sacroiliac injection, was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Sacroiliac (SI) joint injection qty: 2 is not fully established in this patient.