MAXIMUS Federal Services

Case Number:	CM15-0170344		
Date Assigned:	09/10/2015	Date of Injury:	04/03/2009
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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 53 year old female, who sustained an industrial injury on April 3, 2009. She reported a lower back injury. The injured worker was diagnosed as having lumbar sprain and strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis and radiculopathy of the bilateral lower extremities, sacroiliitis of the bilateral sacroiliac joints, and chronic pain. Medical records (April 2, 2015 to July 9, 2015) indicate ongoing low back pain with lumbar muscle spasms and progressive numbness, tingling, and weakness in both legs. The pain was rated 8 out of 10. The treating physician noted severe sacroiliac joint inflammation with signs and symptoms of radiculitis and radiculopathy. Pain is noticed with standing, climbing, or standing up from a sitting position without aid of the upper torso. Records also indicate the injured worker underwent left sacroiliac joint injections on June 3, 2015, with 50% improvement and improved range of motion. The physical exam (April 2, 2015 to July 9, 2015) reveals a normal gait, difficulty with heel and toe walking due to bilateral hip pain, straightening of thee lumbar lordosis, and continued severe guarding to deep palpation of the lumbar area associated with severe myofascial pain guarding and is reproduced on deep palpation. There was continued reproducible shooting pain down the posterior and lateral aspects of the bilateral thighs by palpation over the bilateral sacroiliac joints, restricted lumbar range of motion, 2+ reflexes of the bilateral knees and ankles, and intact sensation in the bilateral lower extremities. Treatment has included at least 12 sessions of physical therapy with limited improvement, acupuncture with limited improvement, chiropractic therapy, a home exercise program, work restrictions, lumbar epidural steroid injections without benefit, and medications including pain, muscle relaxant,

proton pump inhibitor, and antidepressant. On July 27, 2015, the requested treatments included a right sacroiliac joint injection. On July 31, 2015, the original utilization review non-certified a request for a right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis CHapter, Sacroiliac Joint Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

Decision rationale: The patient presents with multiple lumbar herniations with signs and symptoms of radiculitis/radiculopathy of the lower extremities. The request is for Right Si Joint Injection. The request for authorization is dated 07/27/15. The patient is status post Left sacroiliac joint injection with 50% improvement and she has better range of motion. MRI of the lumbar spine, 02/03/11, shows lumbar spondylosis L2-3 through L5-S1 discs; at L5-S1 there is a 3 mm posterior central disc protrusion; at L4-5 there is a 2 mm broad-based posterior disc protrusion; degenerative disc disease at T11-12 disc. Physical examination of the lumbosacral spine reveals severe guarding to deep palpation over the lumbar area associated with severe myofascial pain guarding and is reproduced on deep palpation. Palpation over bilateral sacroiliac joints reproduced sharp shooting pain down the posterior and lateral aspects of the bilateral thighs, suggestive of severely positive sacroiliac joint thrust test, Gaenslen's test positive, and Patrick Fabre test positive. Range of motion is reduced. Straight leg raising tests are severely positive in both the seated and supine positions. The patient's work status is not provided. ODG Guidelines, Low Back Chapter under SI joint injections Section, "Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Per progress report dated 07/09/15, treater's reason for the request is "to avoid progression of the radiculopathy in the lower extremities. Failure of conservative treatment including physical therapy, home exercise and acupuncture has been documented. The patient has shown limited improvement." In this case, the patient is diagnosed with sacroiliitis of the bilateral sacroiliac joint and MRI of the lumbar spine shows lumbar spondylosis L2-3 through L5-S1 discs; at L5-S1 there is a 3 mm posterior central disc protrusion; However, the patient does not present with inflammatory SI joint problems documented from radiology, X-rays, bone scan or MRI/CT scans. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. This request does not

meet guidelines indication for Right SI Joint Injection. Therefore, the request is not medically necessary.