MAXIMUS Federal Services

Case Number:	CM15-0170679		
Date Assigned:	09/11/2015	Date of Injury:	01/22/2013
Decision Date:	10/09/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, 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 46 year old male with an industrial injury dated 01-22-2013. His diagnoses included lumbar herniated nucleus pulposus, lumbago, lumbar disc disorder without myelopathy and sacroiliac ligament sprain-strain. Trans lumbar inter body fusion - lumbar 5 - sacral one was performed on 02-09-2015. He presented on 08-04-2015 with lumbar spine pain rated as 5 out of 10. He was status post lumbar surgery on 02-09-2015. He also complained of numbness to his right leg with pain radiating down the back of his right leg to his toes. He stated he had improved since his last visit. Prior visits dated 02-27-2015 and 04-03-2015 noted the injured worker was having lumbar spine pain radiating through the right leg with numbness to the right foot and toes. Physical exam noted lumbar flexion to 70 degrees with decreased sensation in right lower extremity- thigh, calf and lateral foot and toes. There was positive sacroiliac joint tenderness. Prior treatment included 30 visits of postoperative physical therapy (per Align Networks report dated 07-27-2015), pain medications and right sacroiliac joint injection (12-12-2014). Progress note dated 12-30-2014 states no relief from right sacroiliac injection. On 08-05-2015 the provider submitted a request for authorization for right sacroiliac joint injection under fluoroscopy with sedation. On 08-13-2015 the request for right sacroiliac joint injection under fluoroscopy with sedation was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Sacroiliac Joint Injection under fluoroscopy with sedation: 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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the guidelines, intrarticular hip injections are under study for hip osteoarthritis but it is recommended as a short term option for hip bursitis and should be performed under fluoroscopy. In this case, the claimant does have hip tenderness and sacroilliac dysfunction. There is no mention of bursitis and there are significant lumbar findings as well. The guidelines do not generally recommend invasive procedures due to their short term benefit, as a result, the request of SI injection is not medically necessary.