

Case Number:	CM15-0173603		
Date Assigned:	09/15/2015	Date of Injury:	01/11/2011
Decision Date:	10/20/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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: Internal Medicine

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 injured worker is a 57-year-old female, who sustained an industrial injury on 01-11-2011. The injured worker was diagnosed as having bilateral sacroilitis. On medical records dated 05-26-2015 and 07-02-2015, the injured worker continued to complain of GI issues, and back and lower extremity pain. Physical findings were noted as having a significant limp on the right, wearing a brace and using a cane to assist with ambulation. Lumbar range of motion was noted as 50% in all planes. The straight leg raise was positive on right side. The injured worker was noted to be totally temporary disabled for the next 30 days on 05-26-2015 and on 07-02-2015 injured worker was noted to be entitled to permanent work restrictions. Injured worker underwent a GI consultation. Treatment to date included pain management and medication. Current medication was listed as Ibuprofen. The Utilization Review (UR) was dated 08-06-2015. The UR submitted for this medical review indicated that the request for Endoscopy and SI joint bilateral injections a sympathetic nerve root block was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/hw267678.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society for Gastrointestinal Endoscopy Appropriate Use of GI Endoscopy; Volume 75, No. 6: 2012, page 1128.

Decision rationale: The indications and relative contraindications for doing each of the endoscopic procedures are listed in the following. These guidelines are based on a critical review of available information and broad clinical consensus. Clinical considerations may justify a course of action at variance with these recommendations. GI endoscopy is generally indicated: 1. If a change in management is probable based on results of endoscopy. 2. After an empirical trial of therapy for a suspected benign digestive disorder has been unsuccessful. 3. As the initial method of evaluation as an alternative to radiographic studies. 4. When a primary therapeutic procedure is contemplated. GI endoscopy is generally not indicated: 1. When the results will not contribute to a management choice. 2. For periodic follow-up of healed benign disease unless surveillance of a premalignant condition is warranted. GI endoscopy is generally contraindicated: 1. When the risks to patient health or life are judged to outweigh the most favorable benefits of the procedure. 2. When adequate patient cooperation or consent cannot be obtained. 3. When a perforated viscus is known or suspected. In this case, there has been no documented evidence from the gastroenterologist as to the indication for the procedure, or a documented abdominal exam. Therefore, the request for Endoscopy is not medically necessary.

SI Joint bil injections, a sympathetic nerve root block: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac injections, therapeutic.

Decision rationale: Based on ODG guidelines, sacroiliac injections, therapeutic are not recommended 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. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. In this case, the patient has tried conservative therapy without significant improvement. There is a well-documented back examination, which does support the diagnosis of sacroiliitis. Therefore, based on the ODG guidelines and the evidence in this case, the request for SI joint bilateral injections, a sympathetic nerve root block is medically necessary.

