

Case Number:	CM15-0174077		
Date Assigned:	09/15/2015	Date of Injury:	10/16/2006
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
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: 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 39 year old male patient who sustained an injury on 10-16-2006. The diagnoses include lumbar radiculopathy, lumbar post-laminectomy syndrome and depression. Per the doctor's note dated 7/24/15 and 8/21/2015, he had complaints of ongoing neck pain radiating down the bilateral upper extremities; low back pain radiating down the bilateral lower extremities, left greater than right with frequent muscle weakness in the bilateral lower extremities; pain in the bilateral hips. He rated his average pain as nine out of ten with medications and ten out of ten without medications. He reported ongoing limitations in activities of daily living. The physical examination revealed spasm at L3-5, tenderness to palpation in the spinal vertebral area L4-S1, moderately limited range of motion of the lumbar spine secondary to pain, positive Faber Patrick test, bilateral Gaenslen's test and pelvic compression test, tenderness to palpation at the bilateral hips. The medications list includes Hydrocodone-APAP, Ibuprofen, vitamin D, enovarx-ibuprofen kit, zolpidem and Tramadol ER. He has had lumbar spine MRI on 11/19/2010 and lumbar CT scan on 11/19/2010. He has undergone lumbar surgery. Treatment has included spinal surgery and medications. The original Utilization Review (UR) (8-25-2015) denied a request for bilateral sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection # 2: 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 and Pelvis).

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 09/24/15) Sacroiliac joint blocks, Sacroiliac injections, diagnostic, Sacroiliac injections, therapeutic.

Decision rationale: Request: Bilateral Sacroiliac Joint Injection # 2. Per the ODG, sacroiliac joint injection diagnostic 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). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion."In addition, per the cited guidelines regarding Sacroiliac injections, therapeutic, "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 spondyloarthritis (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 spondyloarthritis). 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." Therefore, there is no high-grade scientific evidence to support the sacroiliac joint injection for this diagnosis. Evidence of inflammatory spondyloarthritis (sacroiliitis) is not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. Bilateral Sacroiliac Joint Injection # 2 is not medically necessary in this patient at this time.