

Case Number:	CM15-0174792		
Date Assigned:	09/16/2015	Date of Injury:	11/18/2014
Decision Date:	10/22/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This 39 year old man sustained an industrial injury on 11-18-2014. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 3-5-2015 and lumbar spine x-rays dated 3-5-2015. Diagnoses include backache and sacroiliac pain. Treatment has included oral medications, chiropractic care, lumbar epidural steroid injection, and physical therapy. Physician notes dated 7-1-2015 show complaints of low backache from the mid back to the buttocks described as electric shock pain. The physical examination shows the lumbar spine with a positive Faber's test and pelvic compression test; no evidence of edema; tenderness to palpation of the lumbar paraspinals muscles consistent with spasms; lumbar spine range of motion shows flexion as 55 out of 60 degrees, extension 20 out of 25 degrees, right lateral bend 20 out of 25 degrees, left lateral bend 15 out of 25 degrees; positive left side lumbar facet loading maneuver; straight leg raise is positive in the seated and supine position to 65 degrees on the left; deep tendon reflexes are 2 out of 4 in the biceps, brachioradialis, triceps, patellar, and ankle; motor strength is 4 out of 5 in the left ankle dorsiflexion and left toe extension; motor strength is normal for bilateral hip flexion, bilateral knee extension, right ankle dorsiflexion; and right toe extension, sensation is diminished in the left L5 dermatome. Recommendations include left sacroiliac joint injection, Nortriptyline, Celebrex, physical therapy, work restrictions, and follow up in six weeks. Utilization Review denied a request for left sacroiliac joint injection citing the physical examination, listed above, does support the diagnoses as it is lacking specific testing for motion palpation and pain provocation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint injection to the left side #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 current request is for a SI JOINT INJECTION TO THE LEFT SIDE #1. Treatment has included oral medications, chiropractic care, lumbar epidural steroid injection, and physical therapy. The patient is working. 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 report 07/01/15, the patient presents with low backache from the mid back to the buttocks described as electric shock pain. The physical examination revealed positive Faber's test and pelvic compression test, tenderness to palpation of the lumbar paraspinal muscles consistent with spasms, decreased ROM, positive left side lumbar facet loading maneuver, positive SLR in the seated and supine position to 65 degrees on the left, deep tendon reflexes are 2 out of 4 in the biceps, brachioradialis, triceps, patellar, and ankle, motor strength is 4 out of 5 in the left ankle dorsiflexion and left toe extension. Recommendation include a left sacroiliac joint injection. This patient presents with chronic low back pain and 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.