

Case Number:	CM15-0176943		
Date Assigned:	09/17/2015	Date of Injury:	08/24/2013
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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 60 year old female who sustained an industrial injury on 8-24-2013. A review of medical records indicates the injured worker is being treated for cervicgia, pain in thoracic spine, sprain strain of neck, and sprain strain thoracic region. Medical records dated 7-21-2015 noted cervical spine pain a 7-8 out 10 and lumbar spine a 9 out of 10. She was having a hard time sitting. Physical examination noted tenderness over the sacroiliac joints bilaterally; there was tenderness over the buttocks bilaterally. There was global tenderness to palpation over the spinous process and paravertebral muscles. Range of motion was worse since the prior visit. Sacrococcygeal MRI dated 7-8-2015 revealed a 6 mm retrolisthesis of the second coccygeal vertebra in relation to the third, a large parineural cyst of existing left S2 nerve root with adjacent bone remodeling, and an anterior fundal fibroid. Utilization review form dated 8-24-2015 noncertified bilateral SI joint blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral SI joint blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, under SI joint therapeutic injection.

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with total body pain, but complains specifically of neck pain and back pain. The treater has asked for Outpatient bilateral SI joint blocks but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p "some" physical therapy sessions without benefit, X-rays, MRI of the back, MRI of the coccyx per 7/21/15 report. The patient has had 4-5 physical therapy sessions per 1/23/15 report, and has also had use of lumbar support, cold packs. The patient is able to work with restrictions of no lifting greater than 15 pounds, no repetitive bending/stopping, no prolonged sitting per 7/21/15 report, which refers to unspecified AME report. The employer honored work restrictions per 1/23/15 report. Official Disability Guidelines, Hip and Pelvis chapter, under SI joint therapeutic injection: 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. 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. Below are current reviews on the topic and articles cited. There is some evidence of success of treatment with injections for inflammatory spondyloarthropathy, although most rheumatologists now utilize biologic treatments (anti-TNF and/or disease modifying antirheumatic drugs) for treatment. The treater does not discuss this request in the reports provided. Failure of conservative treatment including physical therapy, pain medications, lumbar support, cold packs, and work restrictions. The patient has not had benefit from physical therapy and is still in a lot of pain per 7/21/15 report. In this case, the patient is diagnosed possible sacral fracture, and sacrococcygeal MRI shows a 6mm retrolisthesis of 2nd coccygeal vertebra in relationship to the 3rd, as well as a "2.7 x 3.2 x 4.2 cm large perineural cyst of exiting left S2 nerve root with adjacent bone remodeling" per 7/21/15 report. 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 a bilateral SI Joint Injection. Therefore, the request IS NOT medically necessary.