MAXIMUS Federal Services

Case Number:	CM15-0179957		
Date Assigned:	09/21/2015	Date of Injury:	07/26/2004
Decision Date:	10/26/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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, Indiana, New York
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:

The injured worker is a 67 year old male, who sustained an industrial injury on 7-26-04. The documentation on 8-11-15 noted that the injured worker has complaints of chronic severe low back pain and left greater than right leg pain. The injured worker complains of poor sleep quality due to pain. The injured worker has an antalgic gait and is still using a cane for walking. Magnetic resonance imaging (MRI) of the lumbar spine on 6-24-14 showed extensive degenerative changes with multilevel neural foraminal stenosis, most notable L3-4, extensive spinal hardware. Urine drug screen on 5-5-15 confirmed consistent. The diagnoses have included chronic severe low back pain and leg pain; post-lami syndrome, status post L3 to L4, L4 to L5 interbody fusion; failing L2 to 3 and L5 to S1 (sacroiliac) levels and myofascial pain and spasm. Treatment to date has included status post fusion; lumbar spine multilevel lumbar spondylosis status post L3-4 and L4-5 on 9-4-07; dilaudid; ambien; celebrex; cymbalta; lyrica; zanaflex; norco and fentanyl patch. The original utilization review (8-14-15) non-certified the request for right S1 (sacroiliac) joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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) Hip and pelvis section, Sacroiliac joint blocks.

Decision rationale: Pursuant to the official disability guidelines, right SI joint injection is not medically necessary. Sacroiliac injections are not recommended. The guidelines do not recommend therapeutic sacroiliac intra-articular or peri-articular injections for non-inflammatory sacroiliac pathology. They are recommended on a case-by-case basis for inflammatory spondyloarthropathy. This considered a rheumatologic condition (i.e. ankylosing spondylitis, psoriatic arthritis, etc.). In this case, the injured worker's working diagnoses are thoracic/ lumbosacral neuritis/radiculitis unspecified; lumbago; displacement lumbar disc without myelopathy; and post laminectomy syndrome lumbar region. Date of injury is July 26, 2004. Request for authorization is August 13, 2015. According to an August 11, 2015 progress note, the injured worker's subjective complaints or ongoing chronic severe low back pain left greater than right, status post fusion. Objectively, there is severe right SI joint region pain and an antalgic gait. The injured worker ambulates with a cane. There is no provocative testing in the medical record. There is no documentation of prior SI joint injections. The guidelines do not recommend sacroiliac injections for intra-articular or periarticular non-inflammatory pathology. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, minimal objective SI joint clinical findings, no documentation of prior SI joint injections and guideline not recommendations for SI joint injections, right SI joint injection is not medically necessary.