

Case Number:	CM15-0037636		
Date Assigned:	03/06/2015	Date of Injury:	03/09/2001
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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:

The injured worker is a 74-year-old female, with a reported date of injury of 03/09/2001. The diagnoses include sacroilitis of the bilateral sacroiliac joint. Treatments have included oral medications, left sacroiliac joint injection under fluoroscopic guidance, and right sacroiliac joint injection under fluoroscopic guidance. The progress report dated 12/03/2014 indicates that the injured worker presented for follow-up regarding pain over the bilateral buttock radiating to the posterior and lateral aspect of the bilateral thigh with numbness and tingling, which increased in severity. It was noted that that injured worker received 60% improvement after the first left sacroiliac joint injection performed on 08/20/2014 and the first right sacroiliac joint injection performed on 08/27/2014. She received improvement with weakness, tingling, and numbness in the bilateral lower legs. The objective findings include severely positive sacroiliac joint thrust, and severe sacroiliac joint inflammation with sign and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of the thigh. The treating physician requested bilateral sacroiliac joint injection under fluoroscopy guidance. The request for Bilateral sacroiliac joint injections under fluoroscopy guidance, QTY: 2 was non-certified on 2/17/15 citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections under fluoroscopy guidance, QTY: 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 (ODG), Hip & Pelvis, Sacroiliac joint blocks; Arthrography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvic Chapter, Sacroiliac joint blocks.

Decision rationale: According to ODG, in the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat sacroiliac joint blocks is 2 months or longer between each injection, provided that at least greater than 70% pain relief is obtained for 6 weeks. In this case, the injured worker has undergone prior sacroiliac joint injections with 60% improvement. In the absence of significant long lasting relief from past injections, the request for repeat blocks is not supported. The request for Bilateral sacroiliac joint injections under fluoroscopy guidance, QTY: 2 is not medically necessary.