

Case Number:	CM15-0061513		
Date Assigned:	04/07/2015	Date of Injury:	06/08/1998
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 68-year-old male who sustained an industrial injury on 06/08/1998. Diagnoses include chronic pain syndrome, lower back pain, sacroiliitis, spinal enthesopathy, fasciitis and post laminectomy syndrome-lumbar. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, TENS Unit, lumbar facet injection, and sacroiliac joint injection. A physician progress note dated 02/10/2015 documents the injured worker low back pain that is constant and rated 5-7 out of 10. He uses a cane to ambulate in the community. He had lumbar spine surgery many years ago and now is having deep buttock pain and some lateral left-sided pain. The right deep buttock pain goes in the vertical direction and is severe and constant. The injured worker has tenderness to palpation in the S1 joint. Range of motion flexion is 40 degrees, extension 20 degrees, and lateral flexion is 30 degrees. He has a positive Patrick's test. The treatment plan is for a S1 joint injection and Ibuprofen. Treatment requested is for Pathway to Prevention (P2P) Right Sacroiliac Joint Injection 27096.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pathway to Prevention (P2P) Right Sacroiliac Joint Injection 27096: 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 & Pelvis/ Sacroiliac Joint blocks, Intraarticular Steroid Hip Injection (IASH).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

Decision rationale: ACOEM Guidelines report that, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended." The treating physician (10/9/14) that the patient received a sacroiliac joint injection and the follow up on 12/3/14 does not state that the patient had significantly improved in his symptoms. Physical exam findings do not suggest that extension and rotation significantly exacerbate low back pain. Additionally, the treating physician does not document lumbar rigidity or level of pain relief as it pertains to conservative treatments. As such, the request for Pathway to Prevention (P2P) Right Sacroiliac Joint Injection 27096 is not medically necessary.