

Case Number:	CM15-0067138		
Date Assigned:	04/14/2015	Date of Injury:	09/12/2011
Decision Date:	05/13/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old female, who sustained an industrial injury on 9/12/2011. Diagnoses have included lumbar facet syndrome, low back pain, knee pain, pain in joint lower leg, wrist pain and sacroiliitis. Treatment to date has included chiropractic treatment and medication. She had a right SI injection 8/11/14 without significant pain relief. She had another right SI joint injection 10/21/13 with 90% pain relief in right lower back and right lateral thigh. She had less pain and could take less Norco. According to the progress report dated 3/18/2015, the injured worker complained of lower backache. She rated her pain with medications as 5/10. She rated her pain without medications as 9/10. Quality of sleep was poor. The injured worker had a right sided antalgic gait assisted by a cane. Exam of the lumbar spine revealed loss of normal lordosis and restricted range of motion. There was tenderness to palpation of the paravertebral muscles. Straight leg raising test was positive on the right side. Authorization was requested for a bilateral sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroillac Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis:Sacroiliac joint blocks.

Decision rationale: Bilateral Sacroiliac Joint Injection is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that if steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. Although the patient was stated to have significant relief after the first SI injection in 2013, the documentation does not indicate after the 8/11/14 injection that the patient has had significant relief therefore the request for a bilateral sacroiliac joint injection is not medically necessary.