

Case Number:	CM15-0070841		
Date Assigned:	04/20/2015	Date of Injury:	02/06/2009
Decision Date:	05/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 64 year old female, who sustained an industrial injury on 2/6/2009. She reported injury while transferring a patient. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar disc herniation and post laminectomy syndrome. Lumbar magnetic resonance imaging showed stable degenerative and post-surgical changes. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/31/2015, the injured worker complains of low back pain that radiates to the bilateral lower extremities with numbness and weakness in bilateral lower extremities. The treating physician is requesting bilateral sacroiliac injections with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac injection with fluoroscopy: 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 and Pelvis (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac injections.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. The history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient failed 4-6 weeks of aggressive therapies. Physical examination findings dated March 31, 2015 included positive sacroiliac tenderness bilaterally upon palpation; however, there is no evidence that the sacroiliac joint is the pain generator and other pain generator have been excluded. In fact, the patient's lumbar MRI suggests that the pain appears to be from lumbar stenosis and facet arthropathy. Therefore, the requested for Bilateral sacroiliac injection with fluoroscopy is not medically necessary.