

Case Number:	CM15-0078812		
Date Assigned:	04/30/2015	Date of Injury:	08/21/2013
Decision Date:	07/28/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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 (n) 52-year-old female, who sustained an industrial injury on 8/21/13. She reported pain in her lower back related to a fall. The injured worker was diagnosed as having lumbago and status post L4-L5 fusion. Treatment to date has included an EMG/NCV on 3/11/14 with normal results, Percocet, Voltaren gel and a lumbar MRI on 8/26/14 showing L5-S1 facet arthropathy. On 2/26/15, the injured worker rated her back pain an 8/10. She is unable to work due to discomfort and has a localized region of pain. Objective findings include painful extension, rotation, and antalgic gait. As of the PR2 dated 3/18/15, the injured worker reports pain in her back and bilateral legs. She noted that her back pain is increasing and she is having intermittent throbbing into her legs. The treating physician requested a right sacroiliac joint injection (outpatient).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection (outpatient): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), SI blocks.

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's file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. Therefore, the requested for Outpatient right Sacroiliac Joint injection is not medically necessary.