

Case Number:	CM15-0093930		
Date Assigned:	05/20/2015	Date of Injury:	04/19/1999
Decision Date:	06/24/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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 61-year-old male, who sustained an industrial injury on 4/19/99. Initial complaints were not reviewed. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy (722.10). Treatment to date has included status post lumbar fusion (1999); physical therapy; acupuncture; multiple lumbar epidural steroid injections; multiple trigger point injections; medications. Currently, the PR-2 notes submitted as medical records are difficult to decipher. The PR-2 notes dated 3/23/15 indicated the injured worker pain is the same for the low back and radiates to the bilateral legs. The provider notes no new injuries and the injured worker is currently working. Objective findings are marked, as the lumbar spine is tender to palpation with abnormal sensory examination and reduced sensation to light touch and pin prick with dermatome of C6-7. There is a reduced sensation to the right L5-S1 distributor. In the prior PR-2 notes submitted, it appears the injured worker has received multiple lumbar epidural steroid injections, trigger point injections, and possibly other sacroiliac joint injections over the course of the claim. It is difficult to obtain the benefit of these injections. The provider has requested three trigger point injections and bilateral SI (sacroiliac) joint injection, x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI (sacroiliac) joint injection, x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter - Sacroiliac joint 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 Bilateral SI (sacroiliac) joint injection, x 2 is not medically necessary.