

Case Number:	CM15-0095417		
Date Assigned:	05/22/2015	Date of Injury:	12/18/2013
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 51-year-old female who sustained an industrial injury on 12/18/2013 due to a fall. Diagnoses include sacroiliitis, clinically consistent lumbar radiculopathy, lumbar facet pain and lower back pain. Treatment to date has included medications, physical therapy and home exercise and TENS unit. According to the progress notes dated 12/12/14, the IW reported persistent left low back and posterior hip pain radiating to the left groin area rated 3/10; pain was worsened by increased activity and walking and improved with rest. MRI of the lumbar spine on 5/6/14 showed left foraminal disc herniation at L2-4 with mild to moderate left foraminal encroachment, bilateral foraminal encroachment at L3-4 and L4-5, central disc protrusion with tear at L5-S1 with minimal effect on the S1 nerve root and mild to moderate facet degeneration noted at L4-5 and L5-S1. On examination, tenderness and spasms were present to the left lumbar paraspinal muscles, and Patrick's test was positive on the left. There was tenderness to the sacroiliac joint and iliac spine as well. A request was made for left S1 (sacroiliac) joint injection with steroid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI (sacroiliac) joint injection with steroid: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, SI Joint, pages 263-264.

Decision rationale: ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, no persistent findings was demonstrated on medical reports submitted nor was there evidence for failed conservative trial. It has also been questioned as to whether SI joint blocks are the diagnostic gold standard as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not met guidelines criteria for this 2013 chronic injury. The Left SI (sacroiliac) joint injection with steroid is not medically necessary and appropriate.