

Case Number:	CM14-0180687		
Date Assigned:	11/05/2014	Date of Injury:	09/18/2004
Decision Date:	11/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/30/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female who sustained an industrial injury 09-18-04. A review of the medical records reveals the injured worker is undergoing treatment for bilateral sacroiliac joint pain, lumbar post laminectomy syndrome, lumbar degenerative disc disease, low back pain, lumbar radiculitis, lumbar disc pain, numbness, and chronic pain syndrome. Medical records (09-25-14) reveal the injured worker complains of low back pain with left lower extremity radicular pain. "We feel that she is having an increase in pain." After the prior epidural steroid injection, she had 50-60% pain relief, which lasted almost a year. Pain is rated at 6/10 without medication and 4/10 with medications on 09/25/14. Pain was rated as 7/10 without medications and 4/10 with medications on 06-05-14 and 6/10 without medications and 4/10 with medications on 07-31-14. The physical exam reveals sensation is diminished in the left S1 dermatome, and the sacroiliac joints are tender bilaterally with tenderness over the lumbosacral paraspinals with related myofascial restrictions and muscle spasms left more than right. Prior treatment includes medications, physical therapy, and an epidural steroid injection. The original utilization review (10-24-14) non certified the request for bilateral sacroiliac joint injections with fluoroscopy and conscious sedation, Celebrex 200 mg #30, and Lyrical 50 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections with fluoroscopic guidance and conscious sedation

QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sacroiliac joint blocks.

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 injections.

Decision rationale: Per the ODG guidelines with regard to sacroiliac joint injections: Not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion. See Sacroiliac fusion. Also not recommended: Sacral lateral branch nerve blocks and/ or dorsal rami blocks in anticipation of sacroiliac radiofrequency neurotomy. See Diagnostic blocks in anticipation of SI neurotomy below. As the requested treatment is not recommended by the guidelines, and there is no compelling reason provided to support medical necessity, the request is not medically necessary.