MAXIMUS Federal Services

Case Number:	CM13-0009494		
Date Assigned:	11/08/2013	Date of Injury:	11/10/2008
Decision Date:	09/11/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 10, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; and unspecified amounts of physical therapy over the life of the claim.In a Utilization Review Report dated August 1, 2013, the claims administrator denied a request for a sacrococcygeal corticosteroid injection. The applicant's attorney did not, however, include any narrative rationale or narrative commentary in his appeal letter. No clinical progress notes were incorporated into the application for Independent Medical Review. The claims administrator, it is incidentally noted, did cite a July 8, 2013 progress note in its Utilization Review Report, in which it was stated that the applicant was working regular duty despite ongoing complaints of low back pain. Per the claims administrator, the attending provider had documented the presence of sacroiliac joint pain and had noted that the applicant was working regular duty despite the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROCOCCYGEAL CORTISONE INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: Alternate guidelines referenced: Coccygodynia; evaluation and management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: ACOEM Practice Guidelines, Third Edition, Low Back, Treatments, Sacroiliac Joint Injections section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, however, sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as appears to be present here. Rather, sacroiliac joint injections, per ACOEM, should be reserved for individuals with some rheumatologically proven arthropathy involving the sacroiliac joints. In this case, however, there is no evidence that the applicant has any kind of proven rheumatologic process implicating the SI joints, such as HLA-positive B27 spondyloarthropathy, for instance. Again, however, no clinical progress notes or applicant-specific information were incorporated into the Independent Medical Review packet. The attending provider's progress note and/or request for authorization form outlining the request for the injection was not furnished. Therefore, the request is not medically necessary, both owing to lack of supporting information and owing to unfavorable ACOEM position on the procedure in question.