

Case Number:	CM13-0015054		
Date Assigned:	10/04/2013	Date of Injury:	04/18/2009
Decision Date:	01/29/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 April 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior unspecified interventional injection procedures involving the spine; a 6% whole-person impairment rating; the apparent imposition of impairment on work restrictions; and essentially normal electrodiagnostic testing of April 12, 2013. In a utilization review report of August 20, 2013, the claims administrator apparently denied a request for sacroiliac joint injections. The applicant's attorney later appealed. A medical-legal evaluation of August 12, 2013 is notable for comments that the applicant carries diagnoses of chronic low back pain secondary to a sacroiliac joint sprain. The applicant reportedly has a past medical history notable for a mini stroke 10 to 12 years ago, and is status post tubal ligation. She is on Motrin and Tylenol with Codeine for pain relief. She lives with her husband and two children. The applicant is status post prior epidural steroid injection in January 2012. The applicant has low back pain radiating to the left thigh, it is stated, with associated numbness and tingling noted about the same. She has reportedly severe left-sided SI joint tenderness and 4/5 left lower extremity strength. She is asked to pursue sacroiliac joint injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient referral to [REDACTED] for sacroiliac joint (SI) injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The Third Edition ACOEM Guidelines indicate that sacroiliac joint injections are not indicated in the treatment of chronic nonspecific low back pain, including pain attributed to the sacroiliac joints or for any radicular pain syndrome. Sacroiliac joint injections are only recommended for those individuals with a specific known cause of sacroilitis, such as a proven seropositive spondyloarthropathy involving the sacroiliac joints. In this case, the claimant does not have any proven seropositive spondyloarthropathy pertaining to the sacroiliac joints. Rather, the claimant either has a chronic nonspecific low back pain or some sort of radicular pain syndrome as evidenced by the claimant's complaints of low back pain radiating to the left leg. Sacroiliac (SI) joint blocks are not indicated in the treatment of the same, according to guideline recommendation. It is further noted that the claimant has had prior injections in the past and does not appear to have derived any lasting benefit or functional improvement through prior usage of the same. Significant pain complaints persist. The claimant does not appear to have returned to work. The claimant seemingly remains dependent on various forms of medical treatment and injection therapy. Pursuing repeat SI joint blocks without evidence of functional improvement is not indicated. Therefore, the request is not certified.