

Case Number:	CM13-0017330		
Date Assigned:	01/03/2014	Date of Injury:	05/24/2011
Decision Date:	03/19/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/27/2013

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 neck pain reportedly associated with an industrial injury of May 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of psychological counseling; transfer of care to and from various providers in various specialties; and unspecified amounts of group and cognitive behavioral therapy. In a Utilization Review Report of July 29, 2013, the claims administrator denied a request for sacroiliac joint injection therapy, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a July 9, 2013 office note, the attending provider notes that the applicant has persistent back pain complaints. She apparently wishes to pursue a sacroiliac joint injection and, if that fails, later consider a trial of epidural steroid injection. The applicant is on Robaxin and butalbital for pain relief. Sacroiliac joint tenderness is noted with decreased lumbar range of motion. SI joint therapy and medications are renewed. The applicant apparently has a 35-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection under fluoroscopy: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2008 ACOEM Practice Guidelines - pp. 839-840.

Decision rationale: The Physician Reviewer's decision rationale: The MTUS does not address the topic of SI joint injection therapy. As noted in the 2008 ACOEM Practice Guidelines on sacroiliac joint injections, sacroiliac joint injections are not recommended for nonspecific low back pain, as is present here. Sacroiliac joint injections, rather, are recommended only in the treatment of those individuals with specifically known cause of sacroiliitis, such as, for example, those applicants with rheumatologically proven sacroiliac spondyloarthropathy, HLA positive spondyloarthritis, etc. In this case, however, the applicant does not have any proven rheumatologic arthropathy involving the sacroiliac joints. Therefore, the request is not certified, on Independent Medical Review.