

Case Number:	CM13-0020229		
Date Assigned:	10/11/2013	Date of Injury:	01/24/2006
Decision Date:	01/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/05/2013

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 January 24, 2006. 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; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 19, 2013, the claims administrator denied a request for a sacroiliac joint injection, citing non-MTUS ODG Guidelines. The applicant's attorney later appealed. An earlier progress note of September 12, 2013 is handwritten, not entirely legible, and notable for comments that the applicant has ongoing low back pain complaints with limited range of motion and equivocal straight leg raising appreciated. The remainder of the applicant's exam is unchanged. The applicant is placed off of work, on total temporary disability, and asked to pursue sacroiliac joint blocks. The applicant was off of work as of December 10, 2012, at which point the applicant was also pursuing sacroiliac joint blocks, gym membership, and a Neurosurgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection: 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), Hip & Pelvis Chapter, Online Edition.

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

Decision rationale: The MTUS Guidelines does not address the topic. As noted in the third edition ACOEM Guidelines, sacroiliac joint blocks are recommended as a treatment option only in those individuals with a specifically known cause of rheumatologically proven arthritis involving the sacroiliac joints. In this case, however, there is no evidence that the applicant in fact has any seropositive spondyloarthropathy for which SI joint blocks would be indicated. Rather, the applicant carries a diagnosis of nonspecific low back pain for which SI joints are not, per ACOEM guidelines, recommended. The request for left sacroiliac joint injection is not medically necessary and appropriate