

Case Number:	CM13-0025053		
Date Assigned:	11/20/2013	Date of Injury:	06/10/2008
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine & Rehabilitation 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 patient is a 66-year-old female who reported an injury on 05/15/1989. However, it goes on to state that the patient has an initial injury date of 09/24/2009. Regardless, the patient has been treated for ongoing complaints of low back pain that radiate to her bilateral lower extremities. She also complains of neck pain that radiates to the bilateral upper extremities. The patient's diagnoses as of 09/04/2013 were listed as lumbar radiculitis, cervical radiculopathy, chronic pain, and status post pacemaker. The patient's treatment plan at that time was to continue with ongoing exercise program to include progressive walking, simple strength training, and stretching to improve functional status. The physician has previously requested an SI joint injection which is being requested at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI 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 and Pelvis Chapter, Sacroiliac joint injections (SJI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Sacroiliac joint injections (SJI).

Decision rationale: Regarding the request for a right SI joint injection, California MTUS Guidelines do not address the use of joint blocks in low back issues. Therefore, ACOEM, as well as Official Disability Guidelines were referred to in this case. Under ACOEM, it states that therapeutic facet joint injections are not recommended for acute, sub acute, and chronic low back pain. Under Official Disability Guidelines, it states that sacroiliac joint injections are recommended as an option if failed at least 4 to 6 weeks of aggressive conservative therapy. However, the documentation does not provide any information indicating the patient has undergone any forms of aggressive conservative therapy. Although it refers to the patient having had a plan of care for her to participate in physical therapy, there is no documentation providing any reported outcomes or efficacy of any therapeutic modality to date. Therefore, with the patient not meeting guideline criteria at this time, the requested service is non-certified.