

Case Number:	CM13-0025278		
Date Assigned:	11/20/2013	Date of Injury:	02/21/2011
Decision Date:	01/27/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/16/2013

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 Preventative Medicine and 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 February 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a TENS unit; attorney representation; and extensive periods of time off of work. The applicant has not worked since February 16, 2013. In a utilization review report of August 23, 2013, the claims administrator denied a request for sacroiliac joint injections. The applicant's attorney later appealed. A later clinical progress note on September 9, 2013, is notable for comments that the applicant continues to use a TENS unit on a regular basis. He states that his usage of the TENS unit has resulted in diminution of pain scores from 7/10 to 2/10 to 3/10. The applicant is presently on Motrin for pain relief and was formerly on Motrin, Restoril, Norco, Percocet, Soma, Nucynta, and Ambien. The applicant is status post two shoulder surgeries. The applicant has returned to fulltime work at [REDACTED]; it is stated in one section of the report. Conversely, it is stated at the end of the report that the applicant has been on medical leave since February 16, 2013. The applicant exhibits 5/5 lower extremity strength with negative straight leg raising and positive sacroiliac joint tenderness. SI joint blocks are sought in conjunction with TENS unit supplies. It is again stated that "the applicant is off of work, on medical leave." An earlier note of November 21, 2012, is notable for comments that the applicant is "taking time off of work of his own accord."

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy-guided right sacroiliac joint cooled radiofrequency nerve ablation (neurotomy/rhizotomy): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Hip & Pelvis, Sacroiliac joint radiofrequency neurotomy

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

Decision rationale: The MTUS does not address the topic of sacroiliac joint blocks. As noted in the Third Edition ACOEM Guidelines on SI joint injections, sacroiliac joint blocks are recommended as a treatment option in those applicants with a specific known cause of sacroiliitis such as proven inflammatory rheumatoid arthropathy involving the sacroiliac joints. They are not endorsed in the treatment of nonspecific chronic low back pain, as it appears to be present here. In this case, the applicant is described as having facet arthropathy, disc herniations, strain type injuries, facetogenic pain, etc. His concurrent pursuit of facet joint blocks and SI joint blocks imply the lack of diagnostic clarity. There is no evidence of any rheumatologically proven spondyloarthropathy involving the sacroiliac joints. For all these reasons, then, the request is not certified.