

Case Number:	CM13-0036868		
Date Assigned:	12/13/2013	Date of Injury:	08/16/2002
Decision Date:	09/05/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 16, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; sleep aid; right shoulder surgery; various interventional spine procedures; and extensive periods off work. The applicant's case and care were apparently complicated by co morbid diabetes. In a Utilization Review report dated September 18, 2013, the claims administrator denied a request for a fluoroscopically guided sacroiliac joint injection, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In an April 9, 2013 progress note, the applicant was described as having persistent complaints of low back pain radiating into the bilateral buttocks superimposed on issues with shoulder and upper arm pain. The applicant's pain was apparently exacerbated with range of motion testing. The applicant was on Ambien, Motrin, Zantac, and Norco, it was acknowledged, and did have co morbid diabetes. The applicant was described as unemployed and was currently smoking. The applicant was not working with permanent limitations in place. Diminished lower extremity strength was noted in certain muscle groups with positive provocative testing about the SI joints. Fluoroscopically guided sacroiliac joint injection therapy was sought because the applicant had numerous positive provocative tests. Permanent work restrictions were endorsed, which were resulting in the applicant's removal from the workplace. On May 7, 2013, it was incidentally noted that the applicant had developed depression secondary to chronic shoulder and back pain. The applicant was placed off work, on total temporary disability, at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY GUIDED RIGHT SACROILIAC JOINT RADIOFREQUENCY NERVE ABLATION (NEUROTOMY/RHIZOTOMY) X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Sacroiliac Joint Injection section.

Decision rationale: The MTUS does not address the topic of sacroiliac joint injection therapy. However, as noted in the Third Edition ACOEM Guidelines, sacroiliac joint injection therapy is not recommended in the treatment of chronic nonspecific low back pain, the diagnosis reportedly present here. Rather, SI injections, per ACOEM, should be reserved per applicants who have some proven rheumatologic process such as HLA positive B27 ankylosing spondyloarthritis, for instance, implicating the SI joints. In this case, however, the applicant does not have any bona fide rheumatologic process involving the SI joints. Rather, the applicant has longstanding chronic low back pain, with both axial and radicular components. This is not an appropriate indication for SI joint injection therapy, per ACOEM. Therefore, the request is not medically necessary.