

Case Number:	CM13-0038020		
Date Assigned:	03/21/2014	Date of Injury:	02/02/2011
Decision Date:	04/30/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of September 20, 2013, the claims administrator denied a request for sacroiliac joint injections, citing non-MTUS ODG Guidelines. In a clinical progress note of October 14, 2013, the applicant's primary treating provider (PTP), a chiropractor, states that the applicant has ongoing low back pain with associated numbness, weakness, tingling about the legs. The applicant is unable to work at [REDACTED] and is no longer working at his second job at [REDACTED] either. An antalgic gait is appreciated. The applicant is using a cane. The applicant exhibits tenderness about the lumbar paraspinal muscles and piriformis muscles. The applicant has sacroiliac joint tenderness, it is further noted. The applicant is placed off of work, on total temporary disability, asked to pursue sacroiliac joint injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC (SI) JOINT INJECTIONS: 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-REGARDING SACROILIAC JOINT BLOCKS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, THIRD EDITION, LOW BACK CHAPTER, SACROILIAC INJECTION SECTION.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines on sacroiliac joint injections, SI joint injections are recommended as a treatment option only for those applicants with a specifically known cause of sacroiliitis, such as proven rheumatoid inflammatory arthritis or rheumatoid arthropathy involving the sacroiliac joints, HLA-positive spondyloarthropathy, etc. In this case, however, there is no evidence of any specific rheumatologic diagnosis or disease process with associated SI joint arthropathy. Rather, the applicant appears to have nonspecific low back pain with SI joint components, muscular components, and radicular components. SI joints are not an appropriate indication for the same, per ACOEM. Therefore, the request is not certified, on Independent Medical Review.