

Case Number:	CM13-0039325		
Date Assigned:	12/18/2013	Date of Injury:	09/14/2004
Decision Date:	02/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 Family Medicine and is licensed to practice in Maryland and Arizona. 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:

Patient is a 58 year old with DOI on 9/14/04. Patient has the diagnoses of low back pain, post laminectomy syndrome and sacroiliitis. Patient has subjective complaints of ongoing/worsening low back pain with decreased activities and quality of life. Physical findings reveal decreased and painful lumbar range of motion, with tenderness over sacroiliac spine and L4-L5 spinous processes with positive straight leg raise on the right and right side positive Faber test. Patient has negative Gaenslen's and Ober's test. Patient's medications are Cymbalta, Butrans, Valium, Tramadol, Celebrex, Norco, Ambien, Advil and Senna-gen. Previously, patient has received facet joint injections and SI joint injections in May and June 2013. There was no documented functional improvement following these interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI Joint Injection Bilateral: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HIP AND PELVIS, SI JOINT INJECTIONS.

Decision rationale: ODG recommends SI joint injection as an option if there is failure of 4-6 weeks of aggressive conservative therapy. A positive diagnostic response is recorded as 80% for duration of the local anesthetic. If the first block is not positive, a second diagnostic block should not be performed. For steroid injections, pain relief should be at least 6 weeks with at least >70% relief. Further blocks at two month intervals can be considered if >70% relief was obtained. The records indicate that previous SI injections were performed and specifics on pain relief or functional improvement were not documented. Therefore, repeat SI joint injections are not medically necessary.