

Case Number:	CM13-0057807		
Date Assigned:	12/30/2013	Date of Injury:	03/22/2011
Decision Date:	06/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 injured worker is a 52-year-old female who reported an injury on 5/22/11 after a fall that caused injury to her low back. The injured worker was conservatively treated with physical therapy, acupuncture, chiropractic care, and medications. The injured worker was evaluated on 10/17/13. It was documented that the injured worker had moderate to severe back pain rated at an 8/10. Objective physical findings included weakness and numbness in the bilateral lower extremities with tenderness to palpation of the paraspinal musculature and spinous process from L4 to S1. Evaluation of the sacroiliac joint revealed severe inflammation, a positive Gaenslen's test, a positive Patrick's test, and a positive Faber test, and a positive sacroiliac joint front thrust test. The injured worker's diagnoses included lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis/radiculopathy, and sacroiliac joint sacroiliitis bilaterally. The injured worker's treatment recommendations included a transforaminal lumbar epidural steroid injection at the L4-5 and L5-S1 and bilateral sacroiliac joint injection. It was noted that the injections would be performed on separate dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MTUS 2009, , 46

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint blocks

Decision rationale: The ACOEM guidelines do not support invasive injections for long-term treatment of low back disorders. The Official Disability Guidelines specifically address sacroiliac joint blocks. The Official Disability Guidelines recommend that other possible pain generators be addressed prior to a sacroiliac joint block. The clinical documentation indicates that the injured worker has symptoms of sacroiliac joint dysfunction that have failed to respond to conservative treatment. However, the clinical documentation submitted for review does indicate that the injured worker has deficits involving the L4-5 and L5-S1 lumbar region levels. Therefore, all pain generators have not been ruled out prior to a sacroiliac block. As such, the requested bilateral sacroiliac point injection under fluoroscopic guidance is not medically necessary or appropriate.