

Case Number:	CM13-0059668		
Date Assigned:	12/30/2013	Date of Injury:	06/21/1998
Decision Date:	05/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 patient is a 57-year-old male who reported an injury on 06/21/1998. The mechanism of injury was not provided for review; however, it has resulted in chronic lower back pain. The patient's initial course of treatment is unclear; however, he received a lumbar decompression at L4-5 and L5-S1 on an unknown date, and without improvement. After the surgery, he was referred for physical therapy that also did not provide any benefit and was later referred for an electrodiagnostic study. This test was performed on an unknown date, but revealed a peripheral neuropathy at an undisclosed body region. The patient also utilized high doses of narcotics without improvement. He has recently begun to undergo a titration of Opana ER, which he reports is beneficial. The most recent physical examination was dated 09/04/2013 and revealed the patient to be morbidly obese with moderate to severe tenderness over the left lower lumbar facets, with severe facet loading on the left. At this time, the sacroiliac joints were nontender bilaterally but there was the presence of sciatic notch tenderness. There was no other pertinent information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC JOINT STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, the ODG Guidelines, the ISIS Guidelines, and the Am Soc of Interventional Pain Phys guidelines.

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

Decision rationale: The ODG recommends steroid injections for moderately advanced to severe hip osteoarthritis or for short-term pain relief in hip trochanteric bursitis. In addition, recent research states that there is insufficient evidence to adequately evaluate the benefits of sacroiliac joint steroid injections, and if SI joint dysfunction is suspected, the SI joint block is preferred. As the patient does not have diagnoses of trochanteric bursitis or hip osteoarthritis, an SI steroid injection is not indicated at this time. As such, the request for bilateral sacroiliac joint steroid injection is not medically necessary and appropriate.