

Case Number:	CM13-0070749		
Date Assigned:	01/08/2014	Date of Injury:	05/19/2011
Decision Date:	06/05/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for neck and low back pain associated with an industrial injury date of May 19, 2011. Treatment to date has included medications, physical therapy, home exercise program, acupuncture, trigger point injections, interlaminar epidural steroid injection, and bilateral sacroiliac joint injection with ultrasound guidance, which provided significant improvement. Medical records from 2013 were reviewed, which showed that the patient complained of nonradiating neck and low back pain. She was noted to be progressing intermittently with acupuncture and trigger point injections. On physical examination, she had tenderness to palpation in the cervical paraspinal region and upper trapezius regions bilaterally. There was also mild tenderness over the bilateral sacroiliac joint regions. Gait was normal. Utilization review from November 26, 2013 denied the request for Bilateral SI Joint Injection w/ ultrasound guidance because the medical records documented only slight or minimal improvement from past sacroiliac joint injection treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL S1 JOINT INJECTION WITH ULTRASOUND GUIDANCE: 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), Hip and Pelvis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. In this case, the patient previously underwent bilateral sacroiliac joint injection with ultrasound guidance, which provided significant improvement. However, the medical records did not indicate objective evidence of functional improvement with this procedure. Furthermore, given the 2011 date of injury, the patient can no longer be considered to be in the transitional phase of acute or chronic pain, where injections may provide benefit. There is no clear indication for a repeat injection; therefore, the request for Bilateral S1 joint injection with ultrasound guidance is not medically necessary.