

Case Number:	CM13-0071317		
Date Assigned:	03/03/2014	Date of Injury:	08/03/2011
Decision Date:	06/13/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of August 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; seven sessions of acupuncture; sixteen sessions of chiropractic manipulative therapy; electrodiagnostic testing of September 12, 2011, apparently notable for an L4-L5 radiculopathy; and extensive periods of time off of work. In a Utilization Review Report of December 9, 2013, the claims administrator denied a request for a sacroiliac joint injection, citing non-MTUS-ODG Guidelines. The applicant's attorney subsequently appealed. An October 1, 2013 permanent and stationary report is notable for comments that the applicant reports persistent low back pain, 5/10. The applicant was apparently concurrently pursuing epidural steroid injection therapy and sacroiliac joint injection therapy. The applicant was on Ketoprofen, Prilosec, Terocin, and Flexeril, several of which were refilled. The applicant last worked in 2011, it was stated. The applicant was given various diagnoses, including lumbar stenosis, lumbar radiculopathy, disk herniations, and left hip arthritis. The applicant was asked to pursue sacroiliac joint injection therapy, epidural steroid injection therapy, and a functional capacity evaluation while remaining off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines HIP & PELVIS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), Low Back, Chapter 3, Sacroiliac Joint Injections.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, sacroiliac joint injections are not recommended for treatment of chronic nonspecific low back pain, the diagnosis present here or superimposed radicular pain syndrome, another issue present here. Rather, ACOEM notes that sacroiliac joint injections should be reserved for applicants with a specific known cause of sacroiliitis, such a proven rheumatologic disease process or arthropathy involving the sacroiliac joint such as HLA B27 positive spondyloarthropathy. In this case, however, the applicant does not carry a diagnosis of rheumatologically-proven sacroiliac arthropathy. Rather, the applicant carries diagnoses of radiculopathy and/or nonspecific chronic low back pain, neither of which an indication is for SI joint injection therapy, per ACOEM. Therefore, the request is not medically necessary.