

Case Number:	CM13-0071604		
Date Assigned:	01/08/2014	Date of Injury:	02/15/2005
Decision Date:	04/24/2014	UR Denial Date:	12/18/2013
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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46-year-old female patient with a work related injury, 02/15/2005, and the mechanism of injury was that the patient lifted a heavy patient when she suddenly felt excruciating back pain. Following the injury, the patient complained of chronic lower back pain with extreme radiation down the bilateral lower extremities throughout both legs, posterior, lateral and anterior and medial. The pain was described as aching, cramping, and throbbing in the lower back which increased to a sharp, stabbing and shooting pain all the way throughout legs in an electric shock-like severe sensation. The pain was exacerbated by walking, sitting, standing, bending, sneezing, coughing and lifting. The pain reportedly was alleviated by lying down and resting, massage, standing, sitting, heat, cold, TENS unit, pulling the knees to the chest, nerve blocks and injections and oral pain medications. Other treatments have included a home exercise program and physical therapy, all of which reportedly provided minimal or temporary pain relief. On 04/08/2013, the patient had bilateral sacroiliac joint injections under fluoroscopy. On 08/12/2013, the patient had a left L4-5 and sacral ala medial branch facet injection. Medications listed are Celebrex 200 mg twice a day, Norco 10/325 mg 3 times a day, Butrans 10 mcg an hour, Ambien 10 mg at bedtime and Flexeril 10 mg 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC JOINT INJECTIONS: 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), Low back, Sacroiliac joint injections (SJI)

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy." The documentation submitted for review lacked the objective findings related to the SI joints as well as the objective findings or response from the physical therapy and past conservative treatments. Also, there were no diagnostic and imaging studies submitted for review. Although, the Official Disability Guidelines recommend the injections as an option for treatment, the clinical information submitted for review lacked objective findings, MRI, and response from prior injections. The request for the bilateral sacroiliac joint injections is not medically necessary and appropriate.