

Case Number:	CM14-0103480		
Date Assigned:	07/30/2014	Date of Injury:	07/01/2001
Decision Date:	09/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/03/2014

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:

This is a 58 year old female with a 7/1/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/6/14 noted subjective complaints of lumbar spine pain. She had a left SI joint injection in 2010 that gave her several years of relief, and now it has returned. Objective findings included positive FABER on the left, equivocal FABER on the right. Reflexes are symmetric in the lower extremities. She is neurovascularly intact. Diagnostic Impression: lumbago with left sacroiliitis. Treatment to Date: prior sacroiliac joint injection. A UR decision dated 6/16/14 denied the request for lumbar let side sacroiliac joint injection. Reviewing the notes, the patient's low back pain came back recently, and she has not had any treatment yet for this injury. Guidelines recommend 4-6 weeks of aggressive conservative care prior to considering an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LEFT SIDE SACROILIAC JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter.

Decision rationale: The California MTUS states that sacroiliac joint injections are of questionable merit. In addition, the Official Disability Guidelines criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). However, in the documentation available for review, there is only one objective physical exam finding consistent with SI joint dysfunction. Furthermore, there is no mention of conservative therapy and therefore no mention of failure of such modalities. Therefore, the request for lumbar left side sacroiliac joint injection was not medically necessary.