

Case Number:	CM14-0105620		
Date Assigned:	07/30/2014	Date of Injury:	09/30/2013
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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 Colorado. 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 injured worker is a male who sustained a work injury on September 30, 2013, while lifting a 60-pound propane tank. He has treated with medication, 13 physical therapy sessions, 3 acupuncture sessions, and a sacroiliac joint injection with unknown results. A magnetic resonance imaging of October 16, 2013 shows a 2-3 millimeter annular tear, protrusion and mild narrowing at L5-S1, possibly impinging exiting L5 nerve root. A 2/1/14 computed tomography scan of kidneys, urinary, and bladder showed no stones. Most current medical report by attending physician on May 20, 2014 notes complaints of low back pain, 8/10, radiating to right sacral iliac. Examination of lumbar spine reports decreased range of motion with tenderness and bony tenderness with pain and spasm, abnormal straight leg-raise. His diagnosis are right sacroiliitis and instability of right sacral iliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Anesthesia Pain Clinic for consultation, Low Back/ SI joint Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examination and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The injured worker has previously been evaluated and treated with a sacroiliac joint injection in the past with no documentation of effectiveness of the injection. The Medical Treatment Utilization Guidelines do not support repeat injections without visual analog scale pain scoring documentation of improvement and without sustained functional improvement of which neither is addressed in the clinical notes. Therefore, the request is not medically necessary.

Referral to Anesthesia Pain Clinic for treatment with right SI joint injection times Qty:
2.00: Upheld

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

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.

Decision rationale: The criteria for diagnosis of sacroiliitis have not been met in that provocative maneuvers are not noted on clinical examination. A previous sacroiliac joint injection has been performed with no indication of functional improvement. Repeat injections are not supported without appropriate documentation of visual analog scale scoring of pain and documented functional improvement. In addition, at the time of the request, the injured worker was 8 months post-injury and had undergone appropriate treatment. The medical notes do not address impact on functionality as a result of the claimed condition. Injection therapy is considered an adjunct to other functional restoration measures to improve functionality. Therefore, the request is not medically necessary.