

Case Number:	CM14-0107693		
Date Assigned:	08/01/2014	Date of Injury:	08/04/2000
Decision Date:	10/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 48 year old female who sustained an injury to her low back on 08/04/00 due to a slip and fall. Treatment to date has included medications, shoulder injections, and epidural steroid injections. The progress report dated 07/03/14 reported that the injured worker continued to complain of persistent low back pain at 6/10 VAS. The injured worker reported receiving lumbar/cervical trigger point injections in the past which helped her significantly. She described her pain as a poking type of low back pain associated with constant achiness and burning pain radiating along the lumbar spine to the cervical spine. The injured worker stated that her neck pain is worse today compared to the low back pain. Physical examination noted spasms in the lumbar paraspinal musculature and stiffness in the lumbar spine; antalgic gait noted; tenderness noted in the facet joint. The injured worker was diagnosed with low back pain, lumbar facet pain, sacroiliitis right-sided, and possible lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILLIAC JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac Joint Injections, page(s) 345

Decision rationale: The request for a sacroiliac joint injection is not medically necessary. The laterality was not specified in the request. The previous request was denied on the basis that the clinical presentation is not consistent with sacroiliac joint mediated pain. There was no indication on physical examination that special testing procedures provocative for sacroiliac joint dysfunction were performed. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for a sacroiliac joint injection is not indicated as medically necessary.