

Case Number:	CM14-0015467		
Date Assigned:	02/28/2014	Date of Injury:	06/28/1973
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/06/2014

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 73 year-old male who reported low back and other pain after an injury on 06/28/73. The diagnoses for the patient have included cervical disk disease, lumbar disk disease, alcohol abuse, and radiculopathy. The treatment has included lumbar fusion, injections, radiofrequency ablation, cervical fusion, shoulder surgery, carpal tunnel release, knee replacement, physical therapy, and many medications. The treating physician sees the patient periodically, for prescribing of multiple medications and pain procedures. During 2013 the treating physician was reporting ongoing low back pain and leg pain. Radicular findings were present and there was no description of specific sacroiliac pathology. On 1/24/14 there was a report of low back pain with a radicular component as before, a failure of the radiofrequency ablation, and a positive Patrick's maneuver. A sacroiliac injection was recommended. On 2/25/14, the treating physician noted ongoing low back and left leg pain, signs of sacroiliac pain, and a recommendation for a sacroiliac injection. The utilization review dated 2/3/14 non-certified a request for a sacroiliac injection, noting the Official Disability Guidelines recommendations that were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT SACROILIAC JOINT INJECTION: 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) Hip and Pelvis chapter, Sacroiliac joint blocks Other Medical Treatment Guideline or Medical Evidence:Sacroiliac Joint Injections, updated ACOEM Guidelines, Low Back, 4/7/08, Page 191.

Decision rationale: The MTUS does not provide direction for the use sacroiliac injections. The updated ACOEM Guidelines recommend against these injections for any condition that is not inflammatory, due to the lack of good medical evidence. The treating physician has provided no evidence of an inflammatory condition. The Official Disability Guidelines recommend sacroiliac blocks only if multiple criteria are met, including a suggestive history and physical exam, failure of specific physical therapy, injection under fluoroscopy, and an adequate diagnostic evaluation. This injured worker has not failed a specific course of physical therapy for the sacroiliac joint, does not have inflammatory disease, does not have a history suggestive of sacroiliac injury, and there is not an adequate evaluation of the possible sacroiliac condition. The sacroiliac injection is not medically necessary as a result.