

Case Number:	CM14-0152437		
Date Assigned:	09/22/2014	Date of Injury:	07/14/2011
Decision Date:	11/10/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; topical agents; a TENS unit; unspecified amounts of manipulative therapy; and opioid therapy. In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for fluoroscopically-guided sacroiliac joint injection while approving a request for Ultram and Norco. The applicant's attorney subsequently appealed. In a December 4, 2013 progress note, it was acknowledged that the applicant was not working and had last worked over two years prior. The applicant was receiving Workers' Compensation indemnity benefits. The applicant reported 7-8/10 pain with ongoing Norco usage. The applicant was described, somewhat incongruously, as having issues with facet arthropathy and lumbar radiculopathy. Derivative complaints of stress, anxiety, depression, and sexual dysfunction were reported. Norco, tramadol, Terocin, and topical LidoPro lotion were endorsed, along with a TENS unit. Authorization for a sacroiliac joint injection was sought via a request for authorization (RFA) form dated September 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided Diagnostic Bilateral Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, sacroiliac joint injections are not recommended in the treatment of "any radicular pain syndrome." In this case, the applicant's primary pain generator does, in fact, appear to be lumbar radiculopathy, an issue for which sacroiliac joint injection therapy is not recommended, per ACOEM. ACOEM notes that SI joint injection therapy should be reserved for applicants who have proven inflammatory arthropathy implicating the sacroiliac joints. In this case, however, there is no evidence that the applicant has a bona fide rheumatologic disease process such as HLA-B27 spondyloarthropathy, rheumatoid arthropathy, etc., implicating the sacroiliac joints. Therefore, the request for Fluoroscopically Guided Diagnostic Bilateral Sacroiliac Joint Injection is not medically necessary.