MAXIMUS Federal Services

Case Number:	CM14-0152987		
Date Assigned:	09/23/2014	Date of Injury:	09/04/2012
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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 September 4, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier sacroiliac joint injection therapy on July 21, 2014; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 2, 2014, the claims administrator denied a request for a sacroiliac joint injection and approved request for a traction device. The applicant's attorney subsequently appealed. In an August 19, 2014 progress note, the applicant reported 5/10 low back pain. The applicant was on Motrin for pain relief. The applicant stated that an earlier SI joint injection of July 21, 2014 was effective. The applicant was severely obese, standing 5 feet 1 inch tall and weighing 200 pounds. The applicant did exhibit an antalgic gait with positive sacroiliac joint tenderness, facet tenderness, and lumbar paravertebral tenderness. Straight leg raising was positive on the left. Sacroiliac joint injection therapy was sought, along with a traction device. The applicant's work status was not furnished. In an August 8, 2014 progress note, it was acknowledged that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL SACROILIAC JOINT RHIZOTOMY AND NEUROLYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HIP AND PELVIS, (ACUTE AND CHRONIC)

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 except in those individuals with some rheumatologically-proven sacroiliac spondyloarthropathy, such as, for instance, an individual with an HLA positive B27 sacroiliac spondyloarthropathy. In this case, however, the applicant has nonspecific low back pain. There is no evidence of any rheumatologic process involving the sacroiliac joints present here. Therefore, the request is not medically necessary.