

Case Number:	CM14-0161908		
Date Assigned:	10/07/2014	Date of Injury:	03/27/2004
Decision Date:	11/20/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/02/2014

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 27, 2004. Thus far, the applicant has been treated with the following: Analgesic medications, opioid therapy; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; earlier spinal cord stimulator implantation; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 6, 2014, the claims administrator denied a request for bilateral sacroiliac joint neurolysis procedure. The applicant's attorney subsequently appealed. In a progress note dated July 24, 2014, the applicant reported persistent complaints of low back pain status post earlier lumbar fusion surgery and subsequently hardware removal. The applicant had reportedly received previous sacroiliac joint injections. The applicant's medication list included Duragesic, Provigil, Cymbalta, Klonopin, Viagra, AcipHex, Norco, MiraLax, Abilify, Lyrica, Androgel, and baclofen. The applicant was given a primary diagnosis of failed back syndrome. Tenderness was noted about the SI joints, the paraspinal musculature, and the bilateral lower extremities. Sacroiliac joint injection therapy was sought. The applicant was given refills of OxyContin and Norco. It was stated that the applicant could also obtain an Intrathecal pain pump trial. In said July 24, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant's pain was "poorly controlled," it was acknowledged. The applicant stated that earlier SI joint injection therapy had not resulted in any improvement in function. The applicant reported 7-8/10 pain, burning, shooting, sharp, cutting, and throbbing. The applicant was having difficulty socializing and interacting with others as well as performing yard work. The applicant was only able to walk up to two to three blocks; it was noted, secondary to pain. The applicant's medications included fentanyl, Provigil, Cymbalta, Klonopin,

Viagra, AcipHex, Norco and MiraLax; it was stated in another section of the note. Multiple medications were refilled, including OxyContin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral sacroiliac joint neurolysis via radiofrequency: Upheld

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

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, however, sacroiliac joint injections are recommended only in the treatment of applicants with proven rheumatologic pathology involving the sacroiliac joints. Sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as is seemingly present here. In this case, there is no evidence that the applicant has any bona fide rheumatologic pathology involving the sacroiliac joints, such as an HLA positive B27 spondyloarthropathy, rheumatoid arthritis involving the sacroiliac joints, etc. Therefore, the request is not medically necessary.