

Case Number:	CM14-0162333		
Date Assigned:	10/07/2014	Date of Injury:	10/07/2013
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
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 represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and work restrictions. In a Utilization Review Report dated September 26, 2014, the claims administrator denied a request for left-sided SI joint block injection therapy. The applicant's attorney subsequently appealed. In a handwritten note dated August 27, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant apparently had confirmed left S1 radiculopathy noted on earlier Electrodiagnostic testing on May 13, 2014, it was noted. Work restrictions and additional acupuncture were endorsed. In an earlier note dated July 16, 2014, the applicant was given a rather proscriptive 10 pound lifting limitation. It did not appear that the applicant was working with said limitation in place. The applicant again reported persistent complaints of low back pain radiating to the left leg. On June 11, 2014, it was stated that the applicant was a candidate for either cervical and/or lumbar epidural steroid injection therapy. Sacroiliac joint injection therapy was apparently sought via a request for authorization (RFA) form dated September 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 Joint Block: 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 Chapter, Sacroiliac Joint Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM V.3 > Low Back > Treatments > Injection Therapies > Sacroiliac Joint Injections Recommendation: Sacroiliac Joint Corticosteroid Injections for Treatment of Sacroiliitis Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. Strength of Evidence--Recommended, Evidence (C)

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, sacroiliac joint injections are not indicated in the treatment of "any radicular pain syndrome." In this case, the applicant's primary pain generator does appear to be lumbar radiculopathy, as evinced by the applicant's ongoing complaints of low back pain radiating to the left leg. While ACOEM does endorse limited role for sacroiliac joint injections in the treatment of applicant's with approved and rheumatologic inflammatory arthropathy involving the SI joints, in this case, however, there is no evidence that the applicant in fact has any such proven rheumatologically proven inflammatory arthropathy involving the sacroiliac joints. Therefore, the request is not medically necessary.