

Case Number:	CM14-0165712		
Date Assigned:	10/10/2014	Date of Injury:	03/29/2005
Decision Date:	12/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

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 March 29, 2005. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a request for sacroiliac joint block. The applicant's attorney subsequently appealed. In a progress note dated April 8, 2014, the applicant reported ongoing complaints of low back pain, 9/10. The applicant stated that he was intent on appealing the previously denied epidural injection. The applicant did report ongoing complaints of low back pain radiating to the left leg, it was incidentally noted. The applicant was given diagnoses of lumbar radiculopathy and lumbar degenerative joint disease with associated muscle spasms. SI joint injection therapy was sought while the applicant was given refills of Norco, and a topical compounded cream. Urine drug testing was performed. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac joint injection x 1: 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. However, as noted in the Third Edition ACOEM Guidelines Low Back Chapter, sacroiliac joint injections are not recommended in the treatment of radicular low back pain, as is present here. Rather, ACOEM notes that sacroiliac joint injection should be reserved for applicants with rheumatologically proven arthropathy involving the sacroiliac joints, facets, for instance, HLA-B27 positive spondyloarthropathy targeting the SI joints. In this case, however, there is no evidence that the applicant has any rheumatologically-proven disease process implicating the SI joints. Therefore, the request is not medically necessary.