

Case Number:	CM14-0180575		
Date Assigned:	11/05/2014	Date of Injury:	10/08/2012
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal 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 patient is an injured worker with a lumbosacral condition. Regarding the mechanism of injury, low back pain resulted from bending and lifting. Magnetic resonance imaging dated 12/9/12 demonstrated L4-5 disc protrusion. Date of injury was 10-08-2012. The primary treating physician's progress report dated 9/24/14 documented that the patient had no relief from the left sided sacroiliac joint injection performed on 8/29/14. Subjective complaints included low back pain. Medications included Nucynta and Gabapentin. Objective findings were documented. Lumbosacral tenderness and positive straight leg raise test on the left side were noted. Diagnoses were lumbar disc disorder, low back pain, lumbar radiculopathy, and lumbar facet syndrome. The progress report dated 10/08/2014 documented subjective complaints of left sacroiliac pain. Objective findings were documented. Inspection and palpation of the lumbar spine were within normal limits. There were no erythema, swelling, deformity or tenderness, with the exception of tenderness midline near L4-5 disc area. Left sacroiliac joint pain was noted. Diagnoses included sacrum disorder, pelvis and hip pain, intervertebral disc degeneration disorder, and lumbosacral spondylosis. The patient had no relief from the SI sacroiliac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided sacroiliac joint injection; quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ASIPP, Pain Physician 2005; 8:115-125

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. Guideline.Gov Table 2: Summary of Recommendations by Low Back Diso

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections, trigger-point injections, and ligamentous injections are not recommended. ACOEM 3rd Edition (2011) states that sacroiliac joint injections for chronic low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease) is not recommended. Official Disability Guidelines (ODG) state that if the first sacroiliac joint block is not positive, a second diagnostic block is not performed. The primary treating physician's progress report dated 9/24/14 documented that the patient had no relief from the left sided sacroiliac joint injection performed on 8/29/14. The progress report dated 10/08/2014 documented that the patient had no relief from the SI sacroiliac injection. Official Disability Guidelines (ODG) state that if the first sacroiliac joint block is not positive, a second diagnostic block is not performed. Because the patient had no relief from the first SI joint injection performed on 8/29/14, the request for a second SI sacroiliac joint injection is not supported. Therefore, the request for Left sided sacroiliac joint injection, quantity 1 is not medically necessary.