

Case Number:	CM14-0184832		
Date Assigned:	11/12/2014	Date of Injury:	03/25/2009
Decision Date:	12/30/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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 Therapy 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] insured who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 25, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery/lumbar fusion surgery; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; opioid therapy; psychotropic medications; and extensive periods of time off work. In a utilization review report dated October 28, 2014, the claims administrator denied a request for a fluoroscopically guided sacroiliac joint injection. The claims administrator stated that the applicant was off work, on total temporary disability, per a September 15, 2014, progress note. The claims administrator also suggested that the applicant had had at least one prior SI joint injection and that the documentation on file did not detail the applicant's response to the same. The applicant's attorney subsequently appealed. In an October 10, 2014, progress note, the attending provider sought authorization for a fluoroscopically guided SI joint injection on the grounds that this had been endorsed by the applicant's orthopedic spine surgeon. No applicant-specific information or narrative commentary was attached. X-rays of October 1, 2013, were notable for a stable radiographic appearance of an L4 to S1 posterior fusion surgery without evidence of hardware complication. A December 8, 2010, progress note was notable for comments that the applicant had ongoing complaints of low back pain some six months removed from the earlier fusion surgery. The applicant was using Norco for pain relief. The applicant had developed secondary complaints of depression. Injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy guided SI joint injection: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines' Low Back Chapter does take the position that sacroiliac joint injections are not recommended in the absence of a rheumatologically proven spondyloarthropathy implicating the sacroiliac joints. Here, however, the applicant's primary pain generator appears to be residual lumbar radiculopathy/lumbar radiculitis following earlier failed lumbar spine surgery. The applicant, based on the information on file, does not carry a bona fide diagnosis of rheumatologically-proven spondyloarthropathy implicating the SI joint. The information which is on file fails to support or substantiate the request. Therefore, the request is not medically necessary.