

Case Number:	CM14-0033016		
Date Assigned:	04/23/2014	Date of Injury:	01/19/2011
Decision Date:	07/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 patient is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of January 19, 2011. Treatment to date has included medications, physical therapy, aqua therapy, lumbar fusion at L4-5 and L5-S1, ultrasound-guided right sacroiliac joint injection, and ultrasound-guided left sacroiliac joint injection (dated February 4, 2014). Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to the legs, left more than the right. On physical examination, there was tenderness of the left SI joint. Thoracolumbar spine examination was limited in all planes. Straight leg raising test was positive on the right. There were no sensorimotor deficits noted. Utilization review from February 10, 2014 denied the request for US guided left SI joint injection because exam findings did not describe findings that the SI joint was the main pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED LEFT SI JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Guideline or Medical Evidence: www.ncbi.nlm.nih.gov/pubmed/18690282.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. In this case, given the patient's 2011 date of injury, the patient's pain complaint is chronic in nature and no longer in the transitional phase. Furthermore, an ultrasound-guided left sacroiliac joint injection was already performed on February 4, 2014; however, the functional benefits from this procedure were not documented. There is no clear indication for a repeat SI joint injection at this time; therefore, the request for Ultrasound Guided Left Sacroiliac joint (SI) Joint Injection is not medically necessary.