

Case Number:	CM14-0040831		
Date Assigned:	06/27/2014	Date of Injury:	12/04/2008
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 51-year-old male who was reportedly injured on December 4, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 12, 2014, indicates that there are ongoing complaints of low back pain radiating to the right hip with numbness and tingling down to the right leg and foot. The physical examination demonstrated diffuse lumbar paraspinous muscle tenderness and facet tenderness from L3 through S1. There was slight decreased lumbar spine range of motion and a normal lower extremity neurological examination. Bilateral sacroiliac joint injections were recommended. Diagnostic imaging studies reported a disc protrusion at L4-L5 of budding the exiting left L4 nerve root as well as mild facet arthropathy. A request was made for bilateral sacroiliac joint injections and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI Joint Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter.

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

Decision rationale: The American College of Occupational and Environmental Medicine does not support sacroiliac joint injections for acute, subacute, or chronic low back pain. The only clinical indication for a sacroiliac joint injection is for therapeutic treatment for specific inflammatory disorders such as rheumatoid arthritis. When noting that the guidelines do not support sacroiliac joint injection for the diagnosis noted, this request for bilateral sacroiliac joint injections is not medically necessary.