

Case Number:	CM14-0047838		
Date Assigned:	07/07/2014	Date of Injury:	09/27/2007
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/16/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 27, 2007. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; muscle relaxants; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for sacroiliac joint injection therapy. The injured worker's attorney subsequently appealed. On January 7, 2014, the injured worker received a lumbar epidural steroid injection. On February 19, 2014, the injured worker reported persistent complaints of 6-8/10 low back and neck pain, with associated paresthesias about the arms and legs. The injured worker is on Norco, Ambien, and Motrin. The injured worker is pending an inguinal herniorrhaphy surgery. Various medications, including Norco, Ambien, and Motrin were refilled. Flexeril was discontinued on the grounds that it was not effective. The injured worker had lumbar MRI imaging demonstrating clear radiographic evidence of radiculopathy at the L5-S1 level. The attending provider suggested that the injured worker consider sacroiliac joint injection therapy, cervical facet injection therapy, and/or cervical epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Outpatient Right Sacroiliac Joint Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Injection Therapies section.

Decision rationale: As noted in the ACOEM Guidelines sacroiliac joint injection therapy is not recommended in the treatment of chronic nonspecific low back pain, as is present here. ACOEM Guidelines note that sacroiliac joint injection therapy should be reserved for patients with some rheumatologically proven spondyloarthropathy, implicating the sacroiliac (SI) joints. In this case, however, the patient does not have any rheumatologic disease process implicating the SI joints. The attending provider noted that the patient's symptoms are the result of a large disk osteophyte complex at the L5-S1 level. Therefore, the request is not medically necessary.