

Case Number:	CM14-0054188		
Date Assigned:	07/07/2014	Date of Injury:	06/28/2009
Decision Date:	08/15/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; opioid therapy; and epidural steroid injection therapy. In a Utilization Review Report dated April 11, 2014, the claims administrator approved a request for Norco, approved a request for mirtazapine, and denied a request for sacroiliac joint injection. Non-MTUS ODG Guidelines were cited to deny the sacroiliac joint injection. The applicant's attorney subsequently appealed. In a progress note dated September 18, 2013, the applicant presented with persistent complaints of low back pain and shoulder pain. The applicant did have history of hypertension, it was acknowledged, was status post appendectomy, breast augmentation, tummy tuck, and liposuction. The applicant was using a variety of medications, including Remeron, Norco, Valium and Norco. The applicant was asked to continue usage of TENS unit, it was stated. Multiple medications were refilled. The applicant's work status was not clearly outlined. In a June 18, 2014, progress note, the applicant presented with persistent complaints of low back pain, 8/10. The applicant was again described as using Remeron, Norco and Valium. The applicant reportedly had diminished sensorium about the left leg and strength ranging from 4 to 5/5 about the left lower extremity versus 5/5 about the right lower extremity. Multiple medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right sacroiliac (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, Hip & Pelvis Chapter.

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

Decision rationale: The MTUS does not address the topic of sacroiliac joint injections. As noted in the Third Edition ACOEM Guidelines, however, sacroiliac joint therapy is not recommended in the treatment of chronic non-specific low back pain, as is present here. Rather SI joints injections, per ACOEM, should be reserved for applicants with evidence of rheumatologic proven spondyloarthropathy implicating the SI joint, such as, for instance, an HLA positive B27 spondyloarthropathy involving the same. In this case, however, there is no evidence of any rheumatologic disease process or arthropathy implicating the SI joints. It is further noted that a recent progress note, referenced above, in June 2014, suggested that the applicant may have radicular component to her complaints. Therefore, the request is not indicated both owing to the lack of diagnostic clarity as well as owing to the unfavorable ACOEM recommendation. Accordingly, the request is not medically necessary.