

Case Number:	CM14-0057555		
Date Assigned:	07/18/2014	Date of Injury:	11/29/2004
Decision Date:	08/29/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 11/29/2004; she sustained a second industrial injury after she pulled a patient using her upper extremities off the MRI table, resulting in further twisting to her lower back. The injured worker's treatment history included physical therapy, MRI, epidural steroid injections, and surgery. The injured worker was evaluated on 05/24/2014, and it was documented that the injured worker complained of pain in the left hip and low back. Physical examination revealed tenderness to palpation diffusely over lumbar/lumbosacral region and severe tenderness to palpation over the right SI joint with severely positive Patrick's test. Straight Raise test was positive bilaterally, eliciting pain over the right SI joint as well as L3-5 paraspinal musculature and dysesthesia along lateral right ankle and foot. The injured worker reported that her pain level was ranging 4/10 to 9/10 daily, and she continues to work more than 40 hours weekly as a radiation technician. The provider noted without her medication, her pain would be a 9/10 to 10/10. Within the documentation, it was noted that the injured worker would still like sacroiliac injection that relieves her pain for about 2 months and decreases her pain medication; however, her long-term goal outcome measurements were not submitted for this review. Medications included Norco 10/325 mg, Ibuprofen 800 mg, and Tramadol. Diagnoses included thoracic or lumbosacral neuritis or radiculitis, unspecified, degeneration of the lumbar or lumbosacral intervertebral disc, sacroiliitis, not elsewhere classified, other symptoms referable to back, and chronic pain syndrome. The provider noted conservative treatment measures she was to continue with use of heat, ice, rest, and gentle stretching and exercise which can be tolerated without exacerbating pain. The Request for Authorization dated 05/24/2014 was for right sacroiliac joint injection. The rationale was for continued coverage of the injured worker's chronic pain medication maintenance regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac 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), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Joint Blocks.

Decision rationale: The Official Disability Guidelines (ODG) recommend a joint injection under fluoroscopy as an option if failed at least 4 weeks to 6 weeks of aggressive conservative therapy. There was lack of evidence to identify sacroiliac dysfunction of the injured worker. The provider noted the injured worker's conservative care; however, the outcome measurements were not submitted for this review. It was noted the injured worker had received prior joint injections; however, there were no long term functional goals of improvement. Therefore, this request is not medically necessary.