

Case Number:	CM14-0075424		
Date Assigned:	07/16/2014	Date of Injury:	09/25/2006
Decision Date:	09/18/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 records presented for review indicate that this 64 year-old individual was reportedly injured on 4/25/2006. The mechanism of injury is not listed. The most recent progress note, dated 3/7/2014. Indicates that there are ongoing complaints of low back pain and right buttock pain. The physical examination demonstrated lumbar spine: range of motion flexion 40 degrees, extension 20 degrees. Diagnostic imaging studies include x-rays of the lumbar spine and the status service which reveal hardware in good position, fusion at L4-5 and L5-S-1 in appropriate position with no loss of correction. Previous treatment includes lumbar fusion, occasions, and conservative treatment. A request had been made for right sacroiliac joint injection and was not certified in the pre-authorization process on 4/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection QTY:1: 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/Sacroiliac Joint Blocks.

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

Decision rationale: California Treatment Guidelines do not support sacroiliac (SI) joint injections for acute, subacute, or chronic low back pain. The only clinical indication for an SI joint injection is for therapeutic treatment for specific inflammatory disorders such as rheumatoid arthritis. When noting that the guidelines do not support SI joint injection for the diagnosis noted, this request is deemed not medically necessary.