

Case Number:	CM13-0049516		
Date Assigned:	12/27/2013	Date of Injury:	11/11/2012
Decision Date:	01/28/2015	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/08/2013

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 Rehab, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a cumulative trauma work injury while working as a Deputy Sheriff with date of injury of 11/11/12. He was seen by the requesting provider on 12/11/12. Treatments had included left lumbar facet injections and a left sacroiliac joint injection with tremendous benefit. He was now having similar right-sided symptoms. He was having pain over the right sacroiliac joint into the thigh. He had not had physical therapy or chiropractic treatments. He was working at full duty. Physical examination findings included a mildly positive right sacroiliac compression test with positive FABERE and Stork testing. Imaging results were reviewed. Authorization for a sacroiliac joint injection and consideration of facet injections was requested. On 01/14/13 he had undergone facet injections without improvement. Physical examination findings appear unchanged. Percocet was prescribed. Authorization for a sacroiliac joint injection was requested. On 10/25/13 the results of an MRI scan were reviewed. He was having right-sided posterior pelvic pain and foot numbness. Physical examination findings included pain over the right sacroiliac joint with FABERE testing. The treatment plan references left-sided medial branch blocks and a right sacroiliac joint injection. Norco and Naprosyn were prescribed. He was continued at restricted duty. He was seen on 11/04/13. He was having low back pain and occasional right foot numbness. Symptoms were improved with medications and exercise. Physical examination findings included a positive right straight leg raise. He was diagnosed with a lumbar strain and probable disc herniation with radiculopathy.

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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196-197.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back pain. Treatments have included lumbar facet injections and a left sacroiliac joint injection. When seen by the requesting provider symptoms included foot numbness and he also has a diagnosis of probable right lumbar radiculopathy. Sacroiliac joint injections are not recommended for treatment of any radicular pain syndrome. Guidelines also recommend against sacroiliac joint injections for subacute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints, without evidence of inflammatory sacroiliitis (rheumatologic disease). In this case, there is no evidence by imaging or lab testing or by history of an inflammatory spondyloarthropathy such as ankylosing spondylitis. Therefore the requested sacroiliac joint injection is not medically necessary.