MAXIMUS Federal Services

Case Number:	CM14-0195910		
Date Assigned:	12/03/2014	Date of Injury:	02/20/2013
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 patient is a 61-year-old female with date of injury 02/20/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/15/2014, lists subjective complaints as pain in the low back. MRI of the lumbar spine on 04/17/2013 was notable for mild scattered lumbar spondylosis, but no discreet disc herniation or significant spinal stenosis. EMG/NCV on 05/13/2013 had normal findings with no evidence of lumbar radiculopathy. Objective findings: Examination of the lumbar spine revealed marked tenderness to palpation of the L4-L5 levels. Reflexes were 2+ and symmetric at the patellar and Achilles tendons. Sensation was decreased along the L5-S1 dermatomes on the left lower extremity and S1 on the right. Diagnosis: 1. Chronic pain syndrome 2. Degeneration of intervertebral disc 3. Low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injection, left side: 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 & 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 & Pelvis (Acute & Chronic), Sacroiliac joint blocks

Decision rationale: The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. The medical record fails to provide documentation of the above criteria. Sacroiliac joint injection, left side is not medically necessary.

Sacroiliac joint injection, right side: 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 & 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 & Pelvis (Acute & Chronic), Sacroiliac joint blocks

Decision rationale: The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. The medical record fails to provide documentation of the above criteria. Sacroiliac joint injection, right side is not medically necessary.