

Case Number:	CM14-0196161		
Date Assigned:	12/04/2014	Date of Injury:	04/23/2009
Decision Date:	01/21/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 April 23, 2009. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a request for a sacroiliac joint injection. The claims administrator stated that the applicant had ongoing issues with chronic low back pain and was using a variety of opioid agents including oxycodone and OxyContin. The claims administrator stated that the applicant had undergone earlier L5-S1 lumbar fusion surgery, and psychotherapy. The applicant had electrodiagnostically confirmed radiculopathy, the claims administrator posited. The claims administrator stated that its decision was based on a November 6, 2014 RFA form. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. In a November 5, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had undergone recent facet injections and epidural injections. The applicant was using OxyContin and oxycodone. Pain ranging from 9-10/10 was noted. The applicant was receiving Social Security Disability Insurance (SSDI) benefits. The applicant had decided not to go forward with the spinal cord stimulator despite having received approval for the same. Tenderness about the SI joints was appreciated, along with dysesthesias appreciated about the right leg in the L5 dermatome. The applicant also exhibited an antalgic gait. Allodynia was noted about the right leg. Oxycodone, OxyContin, and naproxen were prescribed while SI joint injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection under fluoroscopy: 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.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that sacroiliac joint injections are not recommended in the treatment of radicular pain syndromes, i.e., the diagnosis reportedly present here. The applicant's primary pain generator is, in fact, residual lumbar radiculopathy following earlier L5-S1 lumbar spine surgery. The applicant does report ongoing complaints of low back pain radiating into leg. Dysesthesias were appreciated about the right leg on exam on the November 5, 2014 office visit at issue. The proposed sacroiliac joint injection, is not, thus, indicated in the clinical context present here, ACOEM goes on to note that sacroiliac joint injections are not recommended except in applicants with some rheumatologically-proven spondyloarthropathy implicating the SI joint. In this case, there is no evidence that the applicant carries a diagnosis of rheumatologically-proven arthropathy implicating the sacroiliac joints. Therefore, the request is not medically necessary.