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| Case Number: | CM14-0197973 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 06/05/2012 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 June 12, 2012. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve a request for bilateral "PSIS" injections. The claims administrator stated that its decision was based on progress notes of November 3, 2014, October 6, 2014, September 18, 2014, and August 11, 2014. In an Agreed Medical Evaluation (AME) dated July 15, 2014, the applicant reported ongoing complaints of low back pain and post-traumatic headaches. The applicant was not working as her employer was apparently unable to accommodate previously suggested limitations. The applicant was given a permanent 20-pound lifting limitation. The applicant did have both electrodiagnostically- and radio graphically-confirmed radiculopathy at the L4-L5 and L5-S1 levels, it was stated. On November 13, 2014, the applicant reported ongoing complaints of low back pain with worsening right-sided L5 radiculopathy, it was acknowledged. The applicant had received one prior epidural steroid injection. The applicant was described as a "disabled" former security guard. The applicant was on Norco, Aleve, Advil, Tizanidine, and Protonix, it was acknowledged. Bilateral sacroiliac joint injections were sought on the grounds that the applicant had tenderness of the bilateral PSIS region. Hypo sensorium about the right leg was also evident. The 20-pound lifting limitation was renewed, effectively resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral PSIS Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Sacroiliac Joint Injections

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter explicitly notes that sacroiliac joint injections are "not recommended" in the lumbar radiculitis/lumbar radiculopathy/radicular pain context present here. Rather, ACOEM notes that SI joint injections should be reserved for applicants with some proven inflammatory arthropathy implicating the SI joints, such as an HLA positive B27 spondyloarthropathy or rheumatoid arthritis involving the SI joints. In this case, however, as noted above, the applicant has a clinically-evident, radiographically-confirmed, electrodiagnostically-confirmed lumbar radiculopathy. The applicant does not have any rheumatologic disease processes present here for which SI joint injections could be considered. Therefore, the request is not medically necessary.