

Case Number:	CM14-0198946		
Date Assigned:	12/09/2014	Date of Injury:	04/13/1982
Decision Date:	01/22/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice, and is licensed to practice in New Jersey. 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 injured worker is a 65 year-old male who was injured on 4/13/82. He complains of low back pain radiating to his left leg. From 1991-2001, he had six lumbar surgeries including spinal fixation and fusion from L3-S1. MRI of lumbar spine revealed multilevel degenerative arthropathy, bridging osteophytes in the left sacroiliac joint, degeneration of the right sacroiliac joint, and multilevel central and neural foraminal stenosis. He was diagnosed with chronic pain, low back pain, lumbar radiculopathy, lumbar spondylosis. He had a failed caudal epidural steroid injection on 10/11/13 and bilateral sacroiliac joint injections on 3/27/14 and 6/25/14 with a decrease in pain from 9/10 to 7/10. He was taking high daily doses of Oxycontin, Norco, anti-inflammatories, muscle relaxants which are "helpful in mitigating discomfort". He underwent aquatic therapy and physical therapy. The current request is for bilateral sacroiliac joint injection with ultrasound guidance, triamcinolone injection, and one consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BLT SI Joint Injection with Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289. Decision based on Non-MTUS Citation Official Disability Guidelines

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, sacroiliac joint injections

Decision rationale: The request is not considered medically necessary. The MTUS guidelines do not address the use of sacroiliac joint injections, therefore ODG guidelines were used which states that they are recommended if there was failure of at least 4-6 weeks of aggressive conservative therapy. There has to be 3 positive exam findings for SI joint dysfunction. The recent progress notes do not indicated any objective findings of SI joint dysfunction. He did not have adequate pain relief of greater than 70% from previous injections to warrant repeat injection.

1 Injection Triamcinolone Acetonide: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289. Decision based on Non-MTUS Citation Official Disability Guidelines

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, sacroiliac joint injections

Decision rationale: The request is not considered medically necessary. The MTUS guidelines do not address the use of sacroiliac joint injections, therefore ODG guidelines were used which states that they are recommended if there was failure of at least 4-6 weeks of aggressive conservative therapy. There has to be 3 positive exam findings for SI joint dysfunction. The recent progress notes do not indicated any objective findings of SI joint dysfunction. He did not have adequate pain relief of greater than 70% from previous injections to warrant repeat injection. The bilateral SI joint injections are not medically necessary therefore, the request for triamcinolone injection is not medically necessary.

1 Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic)

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, sacroiliac joint injections

Decision rationale: The request for a repeat consultation for an additional injection is not medically necessary at this time. The bilateral SI injections are not medically necessary as there are no documented objective findings of SI joint dysfunction and he did not have greater than 70% pain relief from his previous injections. Therefore, the injections are not warranted, so a consultation is not medically necessary.