

Case Number:	CM14-0199176		
Date Assigned:	12/09/2014	Date of Injury:	08/25/2013
Decision Date:	02/11/2015	UR Denial Date:	10/30/2014
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 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 and hip pain reportedly associated with an industrial injury of August 25, 2013. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve request for sacroiliac joint injections. The claims administrator referenced various progress notes in its determination, including a September 5, 2014 progress note. The applicant's attorney subsequently appealed. On October 29, 2014, the applicant reported persistent complaints of low back pain, predominately axial in nature. The applicant reportedly consulted a neurosurgeon, who felt that the applicant was not a candidate for any kind of surgical intervention involving the lumbar spine. Electrodiagnostic testing was reportedly negative. The applicant exhibited decreased range of motion about the lumbar spine with left hip tenderness. The applicant did exhibit a normal gait and normal lower extremity strength. Norco was endorsed. The applicant was given a rather proscriptive 12-pound lifting limitation. The note was extremely difficult to follow and mingles historical complaints with current complaints. It was not clearly stated whether the applicant was or was not working. On December 18, 2014, the attending provider gave the applicant diagnoses of lumbar radiculopathy, hip tendonitis, hip joint pain, lumbar facet syndrome, and lumbar disk degeneration. Facet joint injections were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation. The attending provider acknowledged that the applicant was not working on this occasion. On October 30, 2014, the attending provider renewed Norco. Additional acupuncture was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inject Sacroiliac Joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition, Low Back, Facet Joint Diagnostic Blocks (injections)

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 section.

Decision rationale: The MTUS does not address the topic. However, Third Edition ACOEM Guidelines note that sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as was/is present here but, rather, stipulates that sacroiliac joints injections should be reversed for applicants with some rheumatologically proven arthropathy involving the sacroiliac joints. Here, however, there was no mention of the applicant's carrying a diagnosis of HLA positive B12 spondyloarthropathy or rheumatoid arthritis implicating the sacroiliac joints, for instance. Therefore, the proposed sacroiliac joint injection is not medically necessary.