

Case Number:	CM14-0201785		
Date Assigned:	12/12/2014	Date of Injury:	11/01/2001
Decision Date:	01/29/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/02/2014

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 was a 71 year old female, who sustained a work related injury on November 1, 2001. The injury occurred when she was putting a rotor down and consequently developed pain in the lower back in the process of bending and straightening the lumbar back. The injured worker was diagnosed with bilateral sacroiliac dysfunction, lumbar radiculopathy, lumbar spondylosis, lumbar facet disease, obesity and narcotic dependence. According to the progress note of July 23, 2014, the injured worker's pain level was 8/10 without pain medication and 5/10 with pain medication; 0 being no pain and 10 being the worse pain. The pain was aggravated by walking and vacuuming. Her pain was decreased by medication and hot shower. The injured worker was to have a court ordered MRI, refused to go to the location of the MRI. The injured worker has tried physical therapy, chiropractic services, acupuncture, medication and surgery in the past. The injured worker's last physical therapy was 10 years ago, but continues at home with a home/aquatic therapy exercise. The injured worker failed nonsteroidal and conservative management. On September 19, 2014 a repeat MRI of the lumbar spine showed diffuse degenerative disc disease of the lumbar spine most significant at L4-5 and L5-S1 with bulging disc at T12-L1, L1-2, L2-3, L3-4 and L5-S1. According to the progress note of November 4, 2014, the previous MRI did not contain the findings suggesting a need for the epidural injections, however the September 19, 2014 MRI provided the findings need for the epidural injections. The injured worker received a left lateral dorsi trigger point injection at this visit. On November 25 the UR denied authorization for bilateral sacroiliac joint injections, due to the ODG guidelines for sacroiliac blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac joint injections: Upheld

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

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. Therefore, the request is considered not medically necessary.