

Case Number:	CM14-0202816		
Date Assigned:	01/12/2015	Date of Injury:	09/21/1999
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 51 year old male who was injured on 9/21/1999. The diagnoses are left carpal syndrome, left ulnar neuropathy, cervical facet arthropathy, lumbar degenerative disc disease, cervical degenerative disc disease, neck and low back pain. The patient had completed epidural steroid injections and a lumbar spinal cord stimulator implanted in 2012. On 10/27/2014, there was subjective complaint of neck, upper back, extremities and low back pain. The pain score was rated at 8/10 on a scale of 0 to 10. There were objective findings of tenderness over the lumbar facets, coccyx and sacroiliac joints areas. There was positive straight leg raising and FABERE tests. The sensory test was decreased in bilateral upper and entire right lower extremities. On 12/29/2014, ██████████ noted that the implanted spinal cord stimulator was working well. But the patient was noted to have persistent severe pain in the neck and lower back. The last cervical epidural injection was noted to have provided 50% pain relief for many months. The medications listed are MS Contin, Percocet, Soma, Skelaxin and Lyrica. A Utilization Review determination was rendered on 11/13/2014 recommending non certification for bilateral SI joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

(B) SI Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Hip and Pelvis. Sacroiliac Joints

Decision rationale: The CA MTUS did not address Sacroiliac joints procedures for the treatment of low back pain. The ODG guidelines recommend that Sacroiliac joints injections can be utilized for the treatment of low back pain caused by sacroilitis or SI joint dysfunction when conservative treatment with medications and physical treatment have failed. The guidelines recommend that the presence of at least 3 positive provocative tests for SI joint disease be documented to exclude other causes of low back pain. The records show that the patient had subjective and objective findings consistent with multiple causes of low back pain such as lumbar radiculopathy, lumbar disc disease, lumbar facet and coccyx tenderness in addition to the SI joint findings. There is no documentation of at least 3 positive provocative tests related to SI joint dysfunction. Other causes of pain in the SI joints area were not excluded. There is no documentation of recently failed PT treatment. The criteria for bilateral SI joint steroid injections were not met.