

Case Number:	CM14-0216540		
Date Assigned:	01/06/2015	Date of Injury:	08/03/2006
Decision Date:	02/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

70 yr. old female claimant sustained a work injury on 8/3/06 involving the low back. She was diagnosed with thoracic radiculitis, sacroiliitis, degenerative lumbar disc disease and chronic pain. She had a spinal cord stimulator implanted in 2009. A prior EMG indicated L5 radiculopathy. A progress note on 12/5/15 indicated the claimant had continued pain in the low back. She had a prior SI joint injection a yr. ago that decreased her pain by 65%. With pain medications she struggles but fulfills daily responsibility. She had been taking numerous pain medications including multiple opioids. Exam findings were notable for decreased range of motion of the lumbar spine, a normal neurological evaluation and a painful right buttock and SI joint. The physician requested another SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI (sacroiliac) joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip and Pelvis subsection SI joint injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Hip pain and SI injections

Decision rationale: According to the ACOEM guidelines, invasive techniques such as joint injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The request therefore is not medically necessary for a lumbar trigger point injection. According to the ODG guidelines, SI joint injections and blocks are recommended after a 4-6 wk trial of conservative therapy. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. In this case, there was no mention of using adjunctive therapy or exercise. As a result, the request is not in line with guideline recommendations and therefore not medically necessary.