

Case Number:	CM15-0005549		
Date Assigned:	01/20/2015	Date of Injury:	12/19/2012
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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: Georgia

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 injured worker is a 45 year old female who sustained a work related injury on December 19, 2012, caused by repetitive curing of 50 pound rolls of fabric in her duties. She complained of neck and low back pain radiating down both legs with numbness. Diagnosis made was low back pain with radiculopathy, and degenerative joint disease. Treatment included X rays, restrictions, pain medications, chiropractic therapy, electromyogram, Magnetic Resonance Imaging (MRI), physical therapy, and Decompressive laminectomy/facetectomy on June 13, 2013, with a use of a walker postoperative. Currently, in July, 2014, the injured worker reported improved pain control but continued pain and numbness of left lower extremity. On December 9, 2014, a request for a service of bilateral sacroiliac joint block with fluoroscopy times 2 was non-certified by Utilization Review, noting the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint block with fluroscopy times 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis

Decision rationale: Bilateral Sacroiliac Joint Injection with Flouroscopy times 2 is not medically necessary. The MTUS does not make recommendations on sacroiliac joint injections. The ODG chapter on low back pain recommends sacroiliac joint blocks as an option if 4-6 weeks of aggressive conservative therapy has failed and if at least 70% reduction in pain for greater than 6 weeks with previous injections. The reviewed record indicates a history and physical indicative of radicular pain. Additionally, notes did not have documentation of failed conservative therapy including 4-6 weeks of physical therapy; therefore the requested procedure is not medically necessary.