

Case Number:	CM15-0101000		
Date Assigned:	06/03/2015	Date of Injury:	07/03/2013
Decision Date:	07/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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:

The injured worker is a 43 year old male who sustained an industrial injury on 07/03/2013. Current diagnoses include status post right ankle surgery, right shoulder contusion, bilateral wrist sprain/strain, and lumbar spine sprain/strain. Previous treatments included medications, right ankle surgery, acupuncture, functional capacity evaluation, physical therapy, chiropractic, and home exercise program. Report dated 04/07/2015 noted that the injured worker presented with complaints that included right ankle/foot pain, low back pain that radiates to the lower extremities, and right shoulder pain. Pain level was 3 out of 10 (right ankle/foot), 5 out of 10 (low back), and 3 out of 10 (right shoulder) on a visual analog scale (VAS). Physical examination was positive for antalgic gait with stiffness. The treatment plan included performing a urine drug screen, recommendation for a sacroiliac joint injection, prescribed medications, request for an orthopedic consultation, continued post-operative physical therapy for the right ankle, and request for durable medical equipment. Disputed treatments include bilateral sacroiliac joint injection under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection under fluoroscopy guidance: 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) Treatment in Workers Compensation (TWC): Online Edition, Chapter: Hip and Pelvis, Bilateral sacroiliac joint injection under fluoroscopy guidance.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This patient receives treatment for chronic pain involving the low back, wrist, shoulder, and ankle. This relates back to an industrial injury dated 07/03/2013. This review addresses a request for bilateral SI joint injections. This patient reports low back pain that radiates down to the lower extremities. MRI imaging shows lumbar disc disease with a partial disc extrusion lying on the L 5th lumbar root. The physical exam shows a positive SLR on the left and muscle spasms. The treatment guidelines state that SI injections may be medically indicated if there is evidence of Rheumatoid inflammation of the SI joints. This is not documented. Based on the documentation, SI joint injection under fluoroscopic guidance is not medically necessary.