

Case Number:	CM15-0101826		
Date Assigned:	06/04/2015	Date of Injury:	09/23/2014
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 31-year-old who has filed a claim for chronic neck, wrist, hand, low back, and mid back pain reportedly associated with an industrial injury of September 23, 2014. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve a request for diagnostic sacroiliac joint blocks. The claims administrator referenced a progress note of April 20, 2015 and associated RFA form of May 6, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 28, 2015, the applicant was given diagnosis of shoulder pain secondary to rotator cuff tear and low back pain secondary to herniated lumbar intervertebral disk. The applicant's medication list was not clearly described. On April 29, 2015, the applicant transferred care to a new primary treating provider (PTP), who suggested that the applicant pursue chiropractic manipulative therapy. The applicant was seemingly given restrictions resulting in her removal from the workplace. In a handwritten note dated April 20, 2015, the applicant was given a rather proscriptive 10-pound lifting limitation. The applicant reported ongoing complaints of low back pain radiating into left leg. Sacroiliac joint tenderness was appreciated. The applicant was asked to pursue diagnostic sacroiliac joint blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Sacroiliac joint block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 611.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Edition, Low Back Disorders, page 611.

Decision rationale: No, the request for a diagnostic sacroiliac joint block was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Non-MTUS Third Edition ACOEM Guidelines Low Back Chapter notes on page 611 that sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain and/or radicular pain syndromes, i.e., the operating diagnoses present here. Rather, ACOEM notes that SI joint injections should be reserved for applicants with some rheumatologically proven spondyloarthropathy implicating the sacroiliac joints. Here, however, there was no mention or evidence that the applicant in fact carries diagnosis of a rheumatologically proven spondyloarthropathy implicating the SI joints. Therefore, the request was not medically necessary.