

Case Number:	CM15-0102267		
Date Assigned:	06/04/2015	Date of Injury:	11/20/2011
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 46 year old man sustained an industrial injury on 11/20/2011. The mechanism of injury is not detailed. Evaluations include electromyogram of the bilateral lower extremities dated 11/20/2012 and lumbar spine x-rays performed in 2012. Diagnoses include bilateral knee pain, chronic low back pain, facetogenic low back pain, possible sacroiliac joint dysfunction, and discogenic low back pain. Treatment has included oral medications, home exercise program, massage therapy, and physical therapy. Physician notes dated 4/21/2015 show complaints of bilateral knee and low back pain. The worker feels the low back pain is worsening. Recommendations include Norco, bilateral sacroiliac joint injections, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for chronic low back pain. When seen, pain was rated at 4-5/10 with medications. There was sacroiliac joint tenderness with positive Patrick's testing. There was decreased lumbar range of motion with muscle spasms and tenderness. Criteria for the use of sacroiliac injections include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the requesting provider documents only one positive physical examination finding. The above criteria are not met and the requested sacroiliac joint injection procedure is not medically necessary.