

Case Number:	CM15-0103774		
Date Assigned:	06/08/2015	Date of Injury:	03/30/2009
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/29/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a(n) 31 year old female, who sustained an industrial injury on 3/30/09. She reported pain in the lower back after lifting a heavy object. The injured worker was diagnosed as having left chronic sacroiliac joint pain. Treatment to date has included a TENs unit, oral medications and back surgery x 2. As of the PR2 dated 2/2/15, the injured worker reports a burning and zapping pain in her lower back and legs. She rates her pain a 10/10 at its worst. She has had a sacroiliac joint injection in the past with equivocal results. Objective findings include a positive Patrick's test on the left and a strongly positive iliac distraction and compression test. The treating physician requested a left sacroiliac joint injection under fluoroscopy. On 4/17/15, the injured worker rated her lower back pain a 2-3/10 after receiving the sacroiliac injection and has decreased her intake of Lyrica and has discontinued Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Left sacroiliac joint injection under fluoroscopy, per 02/02/15 order: 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), Low Back, Sacroiliac joint injections; Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chou R, et al. Subacute and Chronic low back pain: Nonsurgical interventional treatment. Topic 7768, version 20.0. Up-To-Date, accessed 07/04/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation indicated the worker was experiencing left lower back pain that went into the left leg and neck pain. There is very limited quality research available to support this treatment in this setting, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a left SI joint injection with unspecified medication using fluoroscopic guidance for the date of service 02/02/2015 is not medically necessary.