

Case Number:	CM15-0108836		
Date Assigned:	06/15/2015	Date of Injury:	04/11/2007
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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:

The 48 year old female injured worker suffered an industrial injury on 04/11/2007. The diagnoses included lumbar disc herniation with right leg radiculopathy, sacroiliac joint irritation, sleep disorder and myofascial pain. The diagnostics included lumbar and thoracic magnetic resonance imaging. The injured worker had been treated with physical therapy, lumbar epidural steroid injection and medications. On 4/30/2015 the treating provider reported the epidural steroid injections 8/14/2014 provided 55% improvement with the pain that lasted 1 month with gradual returning of the pain over the following months. The pain was rated in the lower back 8/10 that extended down the right leg with numbness extending to the right foot. On exam there was lower back pain with spasms along with reduced range of motion. There was slightly diminished sensation along the right foot and positive straight leg raise. The treatment plan included Bilateral SI joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint injections: 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), Hip and Pelvis chapter.

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 has a remote history of a work-related injury and continues to be treated for low back pain. When seen, symptoms included numbness and tingling into the legs. There was decreased lumbar range of motion with muscle spasms and positive straight leg raising. There was decreased lower extremity strength and sensation. Criteria for the use of sacroiliac blocks 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 does not document any positive sacroiliac joint tests. The request is not medically necessary.