

Case Number:	CM15-0017266		
Date Assigned:	02/05/2015	Date of Injury:	08/04/2011
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 74 year old male who sustained an industrial injury on 8/4/11. The injured worker reported symptoms in the spine. The diagnoses included status post lumbar fusion. Treatments to date include lumbar fusion on 4/23/14 physical therapy. In a progress note dated 5/29/14 the treating provider reports the injured worker was with significant improvement of his back and leg pain...participating in home physical therapy. On 1/20/15 Utilization Review non-certified the request for bilateral sacroiliac joint injections. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- New Spine Chapter, Page 26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hip and pelvis, sacroiliac joint blocks, updated October 9, 2014.

Decision rationale: SIJ The Official Disability Guidelines indicate that the criteria for SI joint injections includes at least three positive physical examination findings confirming pain at the SI joints. The most recent progress note dated December 3, 2014 does not indicate tenderness at the SI joints nor any other special testing results indicating SI joint pain. Furthermore, there is no diagnosis of sacroiliitis or similar diagnosis and the injured employee was stated to have had improvement with physical therapy. For these reasons, this request for bilateral sacroiliac joint injections is not medically necessary.