

Case Number:	CM15-0136163		
Date Assigned:	07/24/2015	Date of Injury:	06/06/2014
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/14/2015

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 56-year-old who has filed a claim for chronic low back, knee, and hip pain reportedly associated with an industrial injury of June 6, 2014. In a utilization review report dated June 25, 2015, the claims administrator failed to approve a request for a repeat sacroiliac joint injection. The claims administrator referenced a June 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 8, 2015 progress note, the applicant reported ongoing complaints of low back pain. The applicant stated that he had derived temporary analgesia from earlier SI joint injections. The applicant was severely obese, with a BMI of 38, it was reported. Positive facet loading and lumbar paraspinal tenderness were appreciated. Norco and Opana were renewed. A repeat SI joint injection was sought. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral SI joint injection (bilateral x 2): 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 6111.

Decision rationale: No, the request for repeat bilateral SI joint injections x2 was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines' Low Back Chapter notes that sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as was present here on or around the date in question, June 8, 2015. Rather, ACOEM notes that SI joint injections should be reserved for applicants who have some proven rheumatologic inflammatory arthropathy involving the SI joints. Here, however, there is no mention of the applicant's carrying a diagnosis of rheumatologically-proven sacroiliac spondyloarthropathy for which the repeat SI joint injections in question would have been indicated. Therefore, the request was not medically necessary.