

Case Number:	CM15-0138666		
Date Assigned:	07/28/2015	Date of Injury:	06/13/1997
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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

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 injured worker is a 64-year-old female, who sustained an industrial injury on June 13, 1997. She reported injury to the lumbar spine. The injured worker was currently diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, trochanteric bursitis, piriformis syndrome, osteoarthritis of spinal facet joint and sacroiliac joint pain. Treatment to date has included diagnostic studies, injection and medication. On June 30, 2015, the injured worker complained of chronic low back pain rated as an 8-9 on a 1-10 pain scale without medication and a 6-7/10 on the pain scale with medication. The pain radiates to her lateral thigh and interferes with her sleep. She was reported to take minimal medication. The treatment plan included heat, ice, rest, stretching, exercise, medications, bilateral S1 injection and a follow-up visit. On July 5, 2015, Utilization Review non-certified the request for one left sacral iliac joint injection as outpatient, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacral iliac joint injection, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation EBN reference, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's desk

reference, [www.rxlist.com]www.rxlist.com, ODG Workers compensation drug formulary, [www.odg-twc/formulary.htm]www.odg-twc/formulary.htm, Epocrates online www.online.epocrates.com, monthly prescribing reference, [www.empr.com-opioid]www.empr.com-opioid dose calculator-Agency medical directors group dose calculator [www.agencymeddirectors.wa.gov] www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it is unclear whether all other possible pain generators have been addressed. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.