

Case Number:	CM15-0142201		
Date Assigned:	08/03/2015	Date of Injury:	02/08/2001
Decision Date:	08/31/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/22/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on February 8, 2001. The injured worker was diagnosed as having facet mediated back pain, chronic low back pain, lumbar facet arthropathy, chronic pain syndrome and right sacrolitis. Treatment to date has included magnetic resonance imaging (MRI), medial branch block and medication. A progress note dated July 14, 2015 provides the injured worker complains of low back and right leg pain. He reports prior radiofrequency rhizotomy caused the pain to completely go away and he took less medication. He reports it is now more noticeable below the prior pain location. Physical exam notes tenderness to palpation of the right paraspinal and lumbar area with decreased range of motion (ROM), positive straight leg raise and positive Faber sign. Review of magnetic resonance imaging (MRI) reveals lumbar and lumbosacral degenerative disc disease (DDD) and lumbar stenosis. The plan includes sacroiliac injection, pain management follow-up, Oxycodone and Senna-S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sacroiliac Joint Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) sacroiliac joint injections.

Decision rationale: The California MTUS, and the ACOEM do not specifically address the requested service. The ODG states that sacroiliac joint injections are only indicated if there has been failure of aggressive conservative therapy for 4-6 weeks and clear indication on physical exam that the etiology of the pain originates from the sacroiliac joint. The provided medical records for review do not meet these criteria and therefore the request is not medically necessary.