

Case Number:	CM15-0143755		
Date Assigned:	08/04/2015	Date of Injury:	08/12/2014
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 12, 2014. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for sacroiliac joint injections. The claims administrator referenced a June 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 19, 2015 progress note, the applicant was described as having undergone diagnostic facet medical branch blocks, without significant relief. Persistent complaints of low back pain were reported. The applicant exhibited non-antalgic gait with tenderness about the lumbosacral junction and the SI joint. Positive facetogenic tenderness is appreciated. The applicant was asked to pursue sacroiliac joint injection therapy. A rather proscriptive 15-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant's past medical history was not detailed on this date. In an earlier note dated February 25, 2015, it is acknowledge that the applicant had no significant past medical history. It was stated that the applicant was working regular duty through the date of this office visit. The applicant has gained a 15-pound lifting limitation on this date. Once again, it was not stated whether the applicant's employer was able to accommodate said limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection, back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 184. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Low Back Disorders, 3rd ed., pg. 6111.

Decision rationale: No, the request for bilateral sacroiliac joint injections 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 non-specific low back pain, as was seemingly present here on or around the date in question, June 19, 2015. Rather, the Third Edition ACOEM Guidelines note that sacroiliac joint injections should be reserved for applicants with some rheumatologically proven spondyloarthropathy involving the SI joint. Here, however, the applicant's past medical history was described as unremarkable and/or noncontributory on an earlier note dated February 25, 2015. It did not appear, in short, that the applicant had any known rheumatologic source of sacroiliac joint pathology. Therefore, the request was not medically necessary.