

Case Number:	CM15-0145998		
Date Assigned:	08/06/2015	Date of Injury:	06/13/1997
Decision Date:	09/11/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 13, 1997. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for a sacroiliac joint injection. The claims administrator referenced a July 13, 2015 progress note in its determination. A historical version of non-MTUS ODG Guidelines on sacroiliac joint injection therapy was invoked in the determination. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant reported ongoing complaints of low back pain, 7/10, with radiation of pain to the left leg. The applicant was described as having ongoing pain and disability associated with her industrial injury, suggesting that she was not, in fact, working. The applicant was using Lyrica, Lunesta, rabeprazole, Tenormin, and Zanaflex, it was reported. SI joint injection therapy was sought. The applicant's permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection QTY: 1.00: Upheld

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

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. 611.

Decision rationale: No, the request for 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 Chronic Pain Chapter notes that SI joint injections are not recommended in the treatment of any radicular pain syndrome. Here, the applicant presented on July 13, 2015 reporting ongoing complaints of low back pain radiating to the leg. The applicant's presentation, thus, was suggestive or evocative of a radicular pain syndrome for which sacroiliac joint injection therapy is not recommended, per ACOEM. ACOEM further notes that sacroiliac joint injections should be reserved for applicants with some rheumatologically-proven spondyloarthropathy implicating the sacroiliac joints. Here, however, there was no mention of the claimant's carrying a diagnosis of a rheumatologically-proven spondyloarthropathy implicating the SI joints, such as, for instance, an HLA-positive B27 spondyloarthropathy. Therefore, the request was not medically necessary.