

Case Number:	CM15-0161199		
Date Assigned:	08/28/2015	Date of Injury:	11/16/2012
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/18/2015

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, California
 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 38 year old female, who sustained an industrial injury on November 16, 2012. The injured worker reported slipping on stairs. The injured worker was diagnosed as having sacroiliac arthropathy and lumbar spine pain. Treatment to date has included x-rays, magnetic resonance imaging (MRI), hot-cold therapy, medication and physical therapy. A progress note dated July 15, 2015 provides the injured worker complains of low back pain rated 10 out of 10 and radiating up the back and down the buttocks, groin and hips with numbness and tingling. Physical exam notes spinal stiffness, decreased range of motion (ROM) and cramps. The plan includes home exercise program (HEP) and sacroiliac joint injections. The patient's surgical history include left shoulder arthroscopy on 1/22/15. The patient has had X-ray of the lumbar spine on 5/1/13 and 5/7/15 that revealed degenerative changes. Per the note dated 7/22/15 the patient had complaints of pain in low back. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, normal gait, and neurological examination. The medication list includes Zoloft. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injection, bilateral QTY: 2: Upheld

Claims Administrator 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 & Pelvis Chapter: Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, Hip & Pelvis (updated 08/20/15), Sacroiliac joint injections (SJI).

Decision rationale: Request: Sacroiliac joint injection, bilateral QTY: 2. California Medical Treatment Utilization Schedule (MTUS), does not address SI joint injection under fluoroscopy. Therefore ODG used. As per ODG SI joint injection under fluoroscopy "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy." Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehabilitation efforts including physical therapy and chiropractic sessions was not specified in the records provided. Evidence of lack of response to conservative treatment including exercises, physical methods was not specified in the records provided. A detailed examination of the SI joint area was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request Sacroiliac joint injection, bilateral QTY: 2 is not fully established in this patient.