

Case Number:	CM15-0163073		
Date Assigned:	08/27/2015	Date of Injury:	06/25/2007
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/17/2015

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 32 year old male, who sustained an industrial injury on June 25, 2007, incurring low back injuries from heavy lifting. Lumbar Magnetic Resonance Imaging revealed left lumbar fibrous tissue formation. He was diagnosed with low back pain and lower extremity radiculopathy. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, topical analgesic patches, chiropractic sessions, steroid injections and activity restrictions. He underwent a lumbar micro discectomy. Currently, the injured worker complained of increased low back pain radiating into the left lower extremity worse on standing, walking and sitting. He noted left foot numbness with decreased sensation interfering with ambulation. The treatment plan that was requested for authorization included an injection of Kenalog into the sacroiliac joints bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of Kenalog 40mg with 10cc marcaine into sacroiliac joints bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, 2015 well-based edition;

http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation x ODG Hip and Pelvis Chapter, Sacroiliac Injections (Diagnostic/Therapeutic).

Decision rationale: Regarding the request for sacroiliac joint injections, guidelines state that sacroiliac injections (diagnostic/therapeutic) are not recommended. Within the documentation available for review, there are no peer reviewed studies provided, of sufficient power to overturn guideline recommendation against the use of this procedure. As such, the currently requested sacroiliac joint injections are not medically necessary.