

Case Number:	CM15-0164830		
Date Assigned:	09/02/2015	Date of Injury:	12/15/2011
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

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 51 year old female, who sustained an industrial injury on December 15, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic myofascial pain syndrome, chronic lumbar strain, chronic cervical strain, and chronic bilateral sacroiliac joint pain. Treatment and diagnostic studies to date has included chiropractic therapy, physical therapy, epidural injections, magnetic resonance imaging, medication regimen, and trigger point injections. In a progress note dated August 07, 2015 the treating physician reports complaints of pain to the lumbar sacral spine and bilateral sacroiliac joints with numbness and spasm. Examination reveals bilateral sacroiliac joint tenderness, positive bilateral Faber's test, positive bilateral Gaeslen's testing, decreased range of motion to the neck and back, and positive trigger points to the bilateral trapezius muscles. The documentation provided noted prior epidural injections, but the documentation did not indicate prior sacroiliac injections performed. The treating physician requested bilateral sacroiliac joint injections with a quantity of two, but the documentation did not indicate the specific reason for the requested treatment.

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: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, 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 & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work injury in December 2011 and continues to be treated for low back pain. Treatments have included physical therapy, acupuncture, medications, and chiropractic care. When seen, there was bilateral sacroiliac joint tenderness. There was decreased spinal range of motion with trigger points. Fabere and Gaenslen tests were positive bilaterally. Authorization was requested for bilateral sacroiliac joint injections. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, two positive physical examination findings are documented. The criteria are not met and the requested sacroiliac joint injection is not medically necessary.