

Case Number:	CM15-0180307		
Date Assigned:	09/22/2015	Date of Injury:	01/03/2014
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, 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 62 year old male who sustained an industrial injury on 01-03-2014. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain and right shoulder pain. According to the treating physician's progress report on 08-06-2015, the injured worker continues to experience low back pain into the buttocks with no benefit from a previous sacroiliac joint injection on 07-10-2015. Examination demonstrated tenderness of the left sacroiliac (SI) joint with positive Hibb's, Patrick's and thigh compression tests on the left. Straight leg raise on the left caused low back pain only. Patellar and Achilles reflexes were trace on the left. Right side was negative for straight leg raise with 1 plus patellar reflex and trace Achilles. Prior treatments included diagnostic testing, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit, left S1 nerve block and medications. Current medications were listed as Norco, Naproxen, Ambien and Salonpas. Treatment plan consists of transcutaneous electrical nerve stimulation (TEN's) unit for home use with home exercise program, continuing medication regimen, urine drug screening and on 08-06-2015 the provider requested authorization for a left sacroiliac (SI) joint injection for diagnostic and therapeutic purposes. On 09 01-2015, the Utilization Review determined the request for left sacroiliac (SI) joint injection was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the ACOEM guidelines, injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. According to the ODG guidelines, intraarticular hip injections are under study for hip osteoarthritis but it is recommended as a short-term option for hip bursitis and should be performed under fluoroscopy. In this case, the claimant does not have bursitis. The claimant has undergone blocks, chiropractor manipulation, therapy and medications. The request for an SI injection is not medically necessary.