

Case Number:	CM15-0186914		
Date Assigned:	09/29/2015	Date of Injury:	01/12/2015
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 54 year old female, who sustained an industrial injury on January 12, 2015, incurring low back injuries. She was diagnosed with lumbosacral sprain and sacroiliitis. X rays of the lumbar spine revealed degenerative joint disease of the lumbosacral spine. Treatment included physical therapy and home exercise program, anti-inflammatory drugs, chiropractic sessions, topical analgesic gel, occupational therapy, acetaminophen, modified work duties and activity restrictions. Currently, the injured worker complained of constant, sharp, throbbing right lower back pain radiculopathy into the right leg and knee. She rated her pain level 7-9 out of 10 without pain medications, and 2-5 out of 10 with pain medications. She noted her pain to increase with bending backwards, sitting and standing, walking stairs, physical exercise, shopping, and driving. She complained of frequent lower back muscle spasms. She was unable to tolerate any treatment including massage, chiropractic sessions and physical therapy secondary to the persistent pain. The treatment plan that was requested for authorization on September 22, 2015, included a right sacroiliac joint injection. On September 16, 2015, a request for a right sacroiliac joint injection was non-approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection: 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) 2014, Hip & Pelvis (updated 8/20/2015).

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-Sacroiliac injections, therapeutic.

Decision rationale: The request for a right sacroiliac joint injection is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that therapeutic sacroiliac injections are not recommend for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). These injections are recommended on case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). The ODG states that diagnostic sacroiliac injections are not recommended. The documentation is not clear that the patient has sacroiliitis from an inflammatory spondyloarthropathy therefore this request is not medically necessary.