

Case Number:	CM15-0187148		
Date Assigned:	09/29/2015	Date of Injury:	10/16/2006
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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 39 year old male, who sustained an industrial injury on October 16, 2006, incurring low back injuries. He was diagnosed with lumbar disc disease, and lumbar radiculopathy. Treatments included pain medications, anti-inflammatory drugs, sleep aides, physical therapy and home exercise program, and sacroiliac joint injections. The injured worker underwent a surgical lumbar hemi laminectomy. On September 30, 2014, he reported 20% to 50% good functional improvement and improved mobility with a hardware block for about a week. Currently, the injured worker complained of persistent low back pain radiating into the bilateral lower extremities. He had weakness in the legs with tenderness of the bilateral hips with toe pain. He noted insomnia secondary to the chronic pain. He rated his pain 9 out of 10 with medications and 10 out of 10, on a pain scale from 1 to 10 without medications. Muscle spasms were noted to be present on examination in the lower spine region. The pain was aggravated by activity and walking and interfered with his activities of daily living including self-care, grooming, dressing and hygiene. He reported limitations to activities and was unable to work. The treatment plan that was requested for authorization on September 23, 2015, included bilateral sacroiliac joint intra-articular injection, quantity 2. On September 16, 2015, a request for a bilateral sacroiliac joint injection was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint intra-articular injection, bilateral, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. 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, intrarticular 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 has received prior injections and blocks without sustained relief. The claimant does not have bursitis. Repeat injections are not medically necessary and the request for the SI injections is not necessary.