

Case Number:	CM15-0190550		
Date Assigned:	10/02/2015	Date of Injury:	01/09/2015
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 30-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 9, 2015. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve a request for a sacroiliac joint injection apparently ordered on July 24, 2015. The applicant's attorney subsequently appealed. On September 4, 2015, the claimant was described as having ongoing complaints of low back pain, alleged sacroiliitis, lumbar myofascial pain, and sacroiliac myofascial pain. The claimant was on lidocaine ointment and Voltaren gel, it was reported. The claimant exhibited tenderness about the lumbar paraspinal musculature and the SI joint, it was reported. The claimant's medications included Motrin, Lidoderm patches, and Voltaren gel, it was reported. The attending provider reiterated his request for a sacroiliac joint injection. Additional physical therapy was sought. It did not appear that the claimant was working as the treating provider contended that the claimant would like to return to work at some unspecified point in the future. On July 24, 2015, the claimant was again described as having issues with low back pain, neck pain, myofascial pain, and reported sacroiliitis. The claimant also had issues with hernia-related pain, it was stated. The claimant's medications included Motrin, Lidoderm patches, and Voltaren gel. The claimant did have some lumbar radicular pain complaints. 7/10 pain was reported. The claimant was nevertheless asked to pursue a sacroiliac joint injection. The attending provider also stated that he might consider medial branch blocks at a later point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Injection # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG , Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 6111. Recommendation: Sacroiliac Joint Corticosteroid Injections for Treatment of Sacroiliitis Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. Strength of Evidence: Recommended, Evidence (C) 2. Recommendation: Sacroiliac Joint Injections for Treatment of Low Back Pain Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease); or any radicular pain syndrome. Strength of Evidence: Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a left sacroiliac joint injection was not medically necessary, medically appropriate, or indicated here. As noted in the Third Edition ACOEM Guidelines Low Back Disorders Chapter on page 611, sacroiliac joint injections are not recommended for claimants with chronic nonspecific low back pain, as was seemingly present here. Rather, the Third Edition ACOEM Guidelines stipulate that sacroiliac joint injections should be reserved for applicants with some rheumatologically-proven spondyloarthropathy implicating the sacroiliac joint space. Here, however, there was no mention of the claimant's carrying a rheumatologic diagnosis such as HLA-B27 spondyloarthropathy, rheumatoid arthritis involving the SI joints, etc., present on office visits of July 24, 2015 and/or September 4, 2015. Rather, it appeared that the claimant had a multitude of pain generators to include axial low back pain, myofascial low back pain, radicular low back pain, possible facetogenic low back pain, etc. However, sacroiliac joint injections are not recommended in the chronic non-specific low back pain context present here, per the Third Edition ACOEM Guidelines. Therefore, the request was not medically necessary.