

Case Number:	CM15-0192593		
Date Assigned:	10/06/2015	Date of Injury:	04/16/2012
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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 53-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of April 16, 2012. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve requests for an SI joint injection and associated consultation. The applicant's attorney subsequently appealed. On August 25, 2015, the applicant reported ongoing complaints of low back pain status post an L4-L5 laminoforaminotomy. The applicant did have residual complaints of gluteal and/or SI joint pain status post a gluteal bursa injection with only minimal relief. The applicant was also described as having issues with plantar fasciitis. The applicant was on Norco and Neurontin, it was reported. The applicant was asked to pursue an SI joint injection and consult another provider prior to receipt of said SI joint injection. Neurontin and Norco were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI 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 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. 611.

Decision rationale: The MTUS does not address the topic of sacroiliac joint injections. However, the Third Edition ACOEM Guidelines Low Back Disorders Chapter notes on page 611 state that SI joint injections are not recommended in the treatment of any radicular pain syndrome and/or chronic nonspecific low back pain, i.e., the diagnoses reportedly present here. Rather, ACOEM suggests reserving SI joint injections for applicants with some rheumatologically-proven spondyloarthropathy implicating the SI joints. Here, however, there was no mention of the applicant carrying a diagnosis of rheumatologically-proven spondyloarthropathy involving the SI joints. There was no mention of the applicant having issues with an HLA-B27 positive spondyloarthropathy, for instance. Rather, it appeared that the applicant had residual radicular pain complaints present on August 25, 2015, status post earlier lumbar laminotomy surgery. The applicant was seemingly using Neurontin for residual radicular pain complaints on that date. SI joint injections are not, however, recommended for radicular pain syndromes, per ACOEM. Therefore, the request was not medically necessary.

Associated service: SI joint consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 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. 611.

Decision rationale: Since the primary request for an SI joint injection was deemed not medically necessary, the derivative or companion request for an associated SI joint consultation was likewise not medically necessary.