

Case Number:	CM15-0194635		
Date Assigned:	10/08/2015	Date of Injury:	02/09/2014
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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: California

Certification(s)/Specialty: Emergency 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 28 year old female, who sustained an industrial injury on 02-09-2014. She has reported injury to the low back. The diagnoses have included chronic lumbar sprain-strain; lumbar disc disease; lumbar myospasms; right lower extremity radiculitis; right hip strain; and right sacroiliac joint dysfunction. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, right transforaminal epidural steroid injection, and home exercise program. Medications have included Naprosyn, Flexeril, Ultram, Tylenol, and topical compounded cream. A progress report from the treating provider, dated 08-03-2015, documented an evaluation with the injured worker. The injured worker reported that she has derived benefit from the epidural steroid injection in the low back and right lower extremity pain for about 3-4 days after the injection; she is on no pain medications and can sleep throughout the entire night now; she can now bend over easier to tie her shoe lace; she continues with some pain on the low back when getting up from bending or side to side; the injection, done on 07-28-2015, helped with her pain; she has pain on the upper part of the buttocks; pain in the hips and groin have gone away; and there is intermittent numbness on the right leg as well as a shocking sensation in the bilateral legs that randomly occurs. Objective findings included negative straight leg raising bilaterally now; better lumbar spine flexion to 60 degrees and extension to 20 degrees; and there are also decreases in bilateral lumbar spine paravertebral muscle tenderness. The treatment plan has included the request for right SI (sacroiliac) joint injection with fluoroscopy for the lumbar spine. The original utilization review, dated 09-10-2015, non-certified the request for right SI (sacroiliac) joint injection with fluoroscopy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI (Sacroiliac) joint injection with fluoroscopy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac joint injections.

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 (acute and chronic)", "Sacroiliac injections, therapeutic".

Decision rationale: MTUS Chronic Pain and ACOEM guidelines do not adequately have any headings or chapters related to this topic. As per Official Disability Guide, Sacroiliac (SI) Joint blocks are not recommended due to poor evidence of benefit. It may be considered only for inflammatory spondyloarthropathy (sacroiliitis) which is from rheumatologic conditions, not from injury. The request is not medically necessary.