

Case Number:	CM15-0194699		
Date Assigned:	10/08/2015	Date of Injury:	03/24/1995
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
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: 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 64-year-old female, with a reported date of injury of 03-24-1995. The diagnoses include chronic lower back pain, bilateral lumbar radiculopathy, left greater trochanteric bursitis, fibromyalgia and myofascial pain syndrome, lumbar stenosis, peripheral neuropathy, reflex sympathetic dystrophy of the lumbar spine, and chronic sacroiliitis. Treatments and evaluation to date have included Neurontin, extra-strength Tylenol Arthritis, Soma, Skelaxin, Celebrex, Cymbalta, Tramadol, and Lidoderm 5% patch. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 09-23-2015 indicates that the injured worker presented for re-evaluation and prescription refill. She reported persistent, severe low back pain related to the sacroiliac joint areas. The physical examination showed an antalgic gait, normal lumbar spine posture, normal muscle tone in the lower extremity, pain in the bilateral greater trochanter, and pain in the bilateral sacroiliac (SI) joint. The treatment plan included bilateral SI joint injections under fluoroscopic guidance. The injured worker's work status was not indicated. The request for authorization was dated 09-24-2015. The treating physician requested sacroiliac (SI) joint injection. On 10-01-2015, Utilization Review (UR) non-certified the request for sacroiliac (SI) joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac (SI) joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter (updated 09/24/15).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods. 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 due to their short-term benefit. The ODG guidelines recommend hip injections for bursitis. In this case, the claimant has undergone injections for sacroillitis in the past. Repeat injections are not indicated. There was only a description of pain in both SI joints on exam but no mention of bursitis or other justification. The claimant still used opiate to function and provide pain control. As a result, the request for additional SI injections is not medically necessary.