

Case Number:	CM15-0197413		
Date Assigned:	10/12/2015	Date of Injury:	04/20/1998
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/07/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 20, 1998. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for a sacroiliac joint injection. The claims administrator referenced a September 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was given a primary operating diagnosis of lumbar radiculopathy status post lumbar spine surgery and a secondary diagnosis of myofascial pain syndrome. Permanent work restrictions were renewed. On September 8, 2015, the applicant reported ongoing complaints of low back pain, 6/10. The attending provider contended that sacroiliac joint injection therapy was indicated at this point. Permanent work restrictions were renewed. SI joint injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection under IV Sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, page, 611.

Decision rationale: No, the request for a bilateral sacroiliac joint injection and/or IV sedation was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, page 300 notes that invasive techniques such as the sacroiliac joint injections in question are "questionable matter," the Third Edition ACOEM Guidelines Low Back Disorder Chapter notes on page 611 that sacroiliac joint injections are not recommended for claimants who carry a diagnosis of chronic non-specific low back pain, as was seemingly present here, and/or for applicants who carry a diagnosis of radicular pain syndrome, as was also seemingly present here with the applicant's continued complaints of low back pain radiating to the bilateral lower extremities. Rather, the Third Edition ACOEM Guidelines note that SI joint injections should be reserved for applicants with some rheumatologically-proven spondyloarthropathy implicating the SI joints. Here, however, there was no mention of the applicant's carrying a diagnosis of rheumatologic arthropathy involving the SI joints, such as an HLA-B27 positive spondyloarthropathy, for instance. The attending provider failed to furnish a clear or compelling rationale for pursuit of the sacroiliac joint injection in question in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.