

Case Number:	CM15-0202088		
Date Assigned:	10/19/2015	Date of Injury:	11/29/2012
Decision Date:	11/30/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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: North Carolina

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 58 year old female, who sustained an industrial injury on 11-29-2012. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, lumbar-lumbosacral disc degeneration, sacroiliac ligament sprain-strain, and lumbar myofascial sprain-strain. Treatment to date has included diagnostics, right sacroiliac joint injection 2-13-2015, physical therapy, and medications. Currently (9-16-2015), the injured worker complains of constant cervical and lumbar pain, not rated. She reported that low back pain was "worsened" since 5-27-2015, at which time pain was rated 8 out of 10. Low back pain radiated into the hips, buttocks, and lower extremities, and was associated with weakness, numbness, and tingling. She remained temporarily totally disabled. Function with activities of daily living (physical activities) was rated 3-4 out of 5, noting that 1 represented no difficulty and 5 represented the inability to perform the activity. Exam noted tenderness to the right lower lumbar spine, right posterior superior iliac spine, right sacroiliac joint, and right iliac shear. Motor strength of the lower extremities was 5 of 5 and sensation was intact. Fabere test was positive on the right. A post-injection follow-up visit dated 3-11-2015, noted "she felt a little better right after the injection" and started feeling the pain return the day after the injection". Lumbar pain was rated 7 out of 10 on 3-11-2015. The treating physician documented that another sacroiliac joint injection would be "more for diagnostic purposes to see if she would be a candidate for surgery". Per the Request for Authorization dated 9-17-2015, the treatment plan included a right sacroiliac joint injection with fluoroscopy and sedation, non-certified by Utilization Review on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection with fluoroscopy and 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 (ODG), Treatment in Workers Compensation, Hip.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that SI joint injections are only indicated if there is failure of aggressive conservative therapy for 6-8 weeks and clear signs on physical exam that indicate the SI joint to be the source of the pain. The patient has documented clear failure of aggressive conservative therapy but no clear exam findings that would indicate the SI joint as the source of pain. Therefore, the request is not medically necessary.