

Case Number:	CM15-0206961		
Date Assigned:	10/23/2015	Date of Injury:	04/22/2015
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female, who sustained an industrial injury on 4-22-2015. The medical records indicate that the injured worker is undergoing treatment for left lumbar radiculopathy L5-S1, left sacroiliac joint dysfunction, and back pain-strain. According to the progress report dated 9-24-2015, the injured worker presented with complaints of lower back pain with radiation into the left lower extremity. The pain is described as sharp, dull, aching, and numbness. On a subjective pain scale, she rates her pain 7-9 out of 10. The physical examination of the lumbar spine reveals severe tenderness over the lower lumbar facet and sacroiliac joints, positive Fabre's, positive straight leg raise test on the left, severe tenderness over the trochanteric bursa, decrease and painful range of motion, diffuse weakness in the left lower extremity, and diminished sensation in the left L5 and S1. The current medications are Norco, Ibuprofen, Gabapentin, and Nortriptyline. Previous diagnostic studies include MRI of the lumbar spine. The treating physician describes the MRI as "mild degenerative disc disease at L1-L2". Treatments to date include medication management and physical therapy. Work status is described as temporarily totally disabled. The original utilization review (10-13-2015) had non-certified a request for left sacroiliac joint injection under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection under anesthesia, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

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, Sacroiliac joint blocks.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition, there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case, there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection on 9/24/15. Therefore, the guideline criteria have not been met and the request is not medically necessary.