

Case Number:	CM15-0208768		
Date Assigned:	10/27/2015	Date of Injury:	11/01/2001
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/23/2015

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 70 year old male, who sustained an industrial injury on 11-1-01. The injured worker was being treated for cervical post-laminectomy syndrome, lumbar post laminectomy syndrome, sacroiliitis, spasm of back muscles, spasm of cervical paraspinal muscle and chronic non-malignant pain. On 9-24-15, the injured worker complains of constant, shooting, hot, burning, heavy sensation in the neck and right shoulder and low back with radiation to the left lower extremity. He rates the pain 8 out of 10 at worse, 3 out of 10 at best and 5 out of 10 average. Physical exam performed on 9-24-15 revealed moderately decreased cervical range of motion, tense cervical paraspinal musculature, no specific trigger points were identified, mild intervertebral facet joint tenderness from C4-7, decreased lumbar range of motion with tense lumbar paraspinal musculature, intervertebral and facet joint tenderness from L3-5, sacroiliac joint tenderness bilaterally and greater trochanter tenderness bilaterally. Treatment to date has included oral medications including Norco, Xanax, Medrol Dosepak, Tylenol and Neurontin; sacroiliac joint injections (moderate benefit), Botox injections in cervical paraspinal (moderate benefit), physical therapy, activity modifications and home exercise program. The treatment plan included request for bilateral sacroiliac joint injection and prescriptions for Norco, Lyrica, Alprazolam and Parafon Forte. On 10-2-15 request for bilateral sacroiliac joint injections was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Sacroiliac injections, diagnostic; Sacroiliac radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the guidelines, injections are not recommended due to their short term benefit. In addition, the injections can be provided for those with bursitis but not arthritis. In this case, the claimant does not have arthritis. In addition, the claimant had relief in the past with medications. The request for an SI injection is not medically necessary.