

Case Number:	CM15-0209948		
Date Assigned:	10/28/2015	Date of Injury:	08/28/2012
Decision Date:	12/16/2015	UR Denial Date:	09/24/2015
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: California, 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 year old male, who sustained an industrial injury on August 28, 2012, incurring low back injuries. He was diagnosed with lumbar disc displacement, lumbar radiculopathy, and lumbar stenosis and left sacroiliac joint dysfunction. In August, 2013, he underwent a surgical lumbar laminectomy. Treatment included pain medications, proton pump inhibitor, muscle relaxants and sleep aides. Currently, the injured worker complained of persistent low back pain radiating to the right buttock and right thigh. He rated his pain 5 to 6 out of 10 on a pain scale from 0 to 10 with medications and 8 out of 10 without medications. He noted symptoms of anxiety and depression secondary to his chronic pain. In March, 2015, a lumbar Magnetic Resonance Imaging revealed multilevel disc desiccation, evidence of a right and left sided laminectomy, and facet joint arthritis. The treatment plan that was requested for authorization included a right sacroiliac joint injection. On September 24, 2015, a request for a right sacroiliac joint injection 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:

Right Sacroiliac joint injection: Upheld

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

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

Decision rationale: In this case there appears to be conflicting clinical data. One report indicates a 50% improvement following a previous lumbar epidural injection. An SI joint injection is requested, which would not be indicated since the previous lumbar epidural was successful. However a clinical note 2 weeks following the previous note indicating 50% improvement indicates that the epidural provided only minimal improvement, contradicting then prior report. Therefore proceeding with an SI joint injection is not recommended, as the records suggest presence of other pain generators that have not been thoroughly addressed. The request is thus not medically necessary or appropriate.