

Case Number:	CM15-0020383		
Date Assigned:	02/10/2015	Date of Injury:	07/22/2009
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a 35 year old male, who sustained a work related injury on 7/22/08. The diagnoses have included sacroiliitis, intervertebral disc disorder lumbar spine, L5 radiculopathy, disc protrusion at L5-S1, status post lumbar surgery, depression and urinary and sexual dysfunction. Treatments to date have included physical therapy, MRI lumbar spine and oral medications. In the PR-2 dated 12/17/14, the injured worker complains of ongoing, constant lower back pain. He states pain radiates down both legs. Patient has completed physical therapy with no improvement in pain. Objective exam reveals tenderness to palpation of lower back. Has sacroiliac tenderness, right worst than left side, Faber positive and Gaenslen positive. On 1/23/15, Utilization Review non-certified a request for bilateral sacroiliac joint injections. The ODG cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition, Hip & Pelvis, Sacroiliac Joint Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and pelvis

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any sections that deal with this topic. Official Disability Guidelines (ODG) recommend Sacroiliac (SI) joint blocks under certain guidelines. 1) 3 positive findings consistent with SI joint dysfunction. Meets criteria. 2) Diagnostic evaluation must address other pain generators. Does not meet criteria. Patient has lumbar pathology that is being treated. Lumbar pain may be primary source of pain and it has not yet been appropriately dealt with. 3) Aggressive conservative therapy for at least 4-6 weeks. Provider has failed to document aggressive conservative treatment. Pt has completed physical therapy for lumbar spine but no physical therapy for SI joint has been documented. Does not meet criteria. Patient does not meet all criteria needed to recommend SI joint block. SI joint block is not medically necessary.