

Case Number:	CM15-0024097		
Date Assigned:	02/13/2015	Date of Injury:	06/15/2010
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 35-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 15, 2010. In a utilization review report dated January 15, 2015, the claims administrator failed to approve a request for a sacroiliac joint injection. The claims administrator referenced a December 9, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On May 9, 2014, it was acknowledged that the applicant's primary pain generator was, in fact, lumbar radiculopathy. The applicant had received multiple thoracic and lumbar epidural steroid injections. The applicant's medication list included Norco, Soma, Naprosyn, Prilosec, and Soma. The applicant went onto receive thoracic epidural steroid injections on June 5, 2014. In a January 29, 2013 medical-legal evaluation, it was acknowledged that the applicant was not working and should be deemed a qualified injured worker. Sacroiliac joint injection therapy was subsequently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back, Hip & Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Low Back > Treatments > Injection Therapies > Sacroiliac Joint Injections Recommendation: Sacroiliac Joint Corticosteroid Injections for Treatment of Sacroiliitis Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. Strength of Evidence Recommended, Evidence (C) Recommendation: Sacroiliac Joint Injections for Treatment of Low Back Pain Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease); or any radicular pain syndrome. Strength of Evidence Not Recommended, Insufficient Evidence (I)

Decision rationale: 1.No, the request for a left-sided sacroiliac joint injection was not medically necessary, medically appropriate, or indicated here.The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines notes that sacroiliac joint injections are not recommended in the treatment of any chronic radicular pain syndrome, as appears to be present here. Rather, ACOEM suggests reserving SI joint injections for applicants who have some rheumatologically proven spondyloarthropathy implicating the SI joints. Here, however, the applicant has ongoing radicular pain complaints. The applicant does not have any rheumatologically proven spondyloarthropathy implicating the SI joints. Therefore, the request was not medically necessary.