

Case Number:	CM15-0028700		
Date Assigned:	02/20/2015	Date of Injury:	10/15/1999
Decision Date:	03/31/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69 year old female sustained an industrial injury on 10/15/99. She subsequently reports chronic neck and low back pain. The injured worker underwent spinal surgery. Treatments to date have included TENS therapy, chiropractic care, acupuncture, injections, physical therapy and prescription pain medications. On 2/4/15, Utilization Review non-certified a request for 1 Left SI joint injection. The 1 Left SI joint injection was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left SI 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, Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316 (page 300). Decision based on Non-MTUS Citation Sacroiliac Joint Block

Decision rationale: The patient is a 69 year old female with neck and low back pain since an injury on 10/15/1999. The request is for a left SI joint block. ODG notes a lack of long term

effect of SI blocks and the limited high quality research in this area. ACOEM, Chapter 12 notes that invasive injections are not a recommended treatment. The requested SI joint block is not consistent with ODG or ACOEM guidelines and is not medically necessary for this patient.