

Case Number:	CM15-0042027		
Date Assigned:	03/12/2015	Date of Injury:	06/16/2014
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old female, who sustained an industrial injury on 6/16/14. She reported injuries to the low back while training. Currently, the injured worker complains of back pain radiating into the right gluteal region. A SI joint injections with only short term (hours of relief) prior to requesting radiofrequency procedure or sacroiliac joint fusion. The injured worker was diagnosed as having sacroiliitis; lumbar region sprain; lumbago; myalgia and myositis NOS; rights sacroiliac joint pain. Treatment to date has included lumbar facet injection (no date); sacroiliac injections with only 6-7 hours of relief (last one was on 11/14/14); rheumatological work-up - negative; lumbar spine x-rays (no date); lumbar spine MRI (7/24/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right sacroiliac 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 (ODG), Hip & Pelvis Chapter, Sacroiliac joint blocks; Sacroiliac joint fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12, p196-197.

Decision rationale: The claimant sustained a work-related injury in June 2014 and continues to be treated for back and right gluteal pain. A rheumatological workup was negative for inflammatory spondyloarthopathy. Guidelines recommend against sacroiliac joint injections for subacute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints, without evidence of inflammatory sacroiliitis (rheumatologic disease). In this case, there is no evidence by imaging or lab testing or by history of an inflammatory spondyloarthopathy and therefore the requested sacroiliac joint injection is not medically necessary.