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| Case Number: | CM15-0045429 | | |
| Date Assigned: | 03/17/2015 | Date of Injury: | 06/27/2014 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: 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 injured worker (IW) is a 47 year old female who sustained an industrial injury on 06/27/2014. She reported persistent low back pain with numbness in the right leg. The injured worker was diagnosed as having lumbosacral disc degeneration, lumbosacral spondylosis, lumbosacral sprain, and sacroiliitis not elsewhere classified. Treatment to date has included physical therapy, medications, and oral steroids. Testing included electromyogram, nerve conduction studies, and a lumbar MRI, currently the injured worker complains of severe low back pain, spasms in the bilateral buttocks with radiation of pain into the right posterior thigh and calf and numbness and tingling in the bottom of the right foot. The treatment plan included a continuation of non-steroidal anti-inflammatories, and outpatient bilateral sacroiliac joint injections with consideration for a sacroiliac joint fusion if the injections are ineffective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 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 Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis - Sacroiliac Blocks.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail. Due to the uncertainty surrounding the diagnosis and treatment of Sacroiliac (SI) pain Guidelines have very specific criteria to justify trial injections. The Guidelines point out that this is a SI joint pain is clinical diagnosis and not a radiographic diagnosis, as the radiographic changes noted have likely predated the injury and may be related to body habitus. The Guidelines recommend at least 3 specific exam finding be present to demonstrate pain from the SI joint prior to invasive intervention. None of the qualifying exam findings are documented by the physical therapist or by the requesting physician. Under these circumstances, bilateral sacroiliac joint injections are not supported by Guidelines and are not medically necessary.