

Case Number:	CM15-0046200		
Date Assigned:	03/18/2015	Date of Injury:	09/12/2002
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 patient is a 54 year old female treated for symptoms in her lower back with a date of injury recorded on September 12, 2002. She is diagnosed with chronic pain and post lumbar laminectomy syndrome. She has had a spinal cord stimulator implanted. The most recent note reports increased pain in the sacroiliac region and an injection in these regions has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for injections of both sacroiliac joints with a pain management specialist: 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 (Acute & Chronic).

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

Decision rationale: ODG states that sacroiliac joint injections should only be pursued after intensive conservative care has been attempted and three positive exam findings present. The patient has received multiple spinal procedures including a fusion and a spinal cord stimulator implant. In addition to the spinal procedures, the patient has been maintained on short and long acting opioids. The SCS reportedly has a misplaced paddle. The patient is diagnosed with chronic pain and has numerous painful regions. More recently, pain is noted in the buttocks overlying the posterior superior iliac spines. Due to the pain present in this location, additional injections have been requested into the sacroiliac joint. Past procedures do not appear to have resulted in any clinically meaningful improvement. In this particular situation, ODG requests physical exam findings that corroborate the diagnostic suspicion as well as a trial of non-invasive therapy. MTUS 2009 states that treatment of chronic pain should focus on functional restoration as opposed to seeking all options to reduce pain. Past invasive interventions have not been effective in this case. This request for bilateral sacroiliac joint injections does not adhere to ODG and is denied.