

Case Number:	CM15-0046998		
Date Assigned:	03/19/2015	Date of Injury:	02/24/2012
Decision Date:	04/24/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/12/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on February 24, 2012. She has reported lower back pain and bilateral leg pain. Diagnoses have included lumbar spine degenerative disc disease, lumbar spine disc herniation, lumbar spine radiculopathy, failed back syndrome, moderate depression and moderate anxiety. Treatment to date has included medications, physical therapy, cold therapy, transcutaneous electrical nerve stimulation, epidural injections, back surgery, acupuncture, and imaging studies. A progress note dated January 20, 2015 indicates a chief complaint of lower back pain radiating to the bilateral legs and a new complaint of right buttock pain. The treating physician documented a plan of care that included right sided sacroiliac joint steroid injection, acupuncture, medications, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sided Sacroiliac Steroid 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 and Pelvis (Acute and Chronic), 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 (ODG) low back pain, SI joint injections.

Decision rationale: The patient has a diagnosis of failed back syndrome following surgery on her LS spine. In January 2015 she presented complaining of pain in the right buttocks. Her physician recommended a right sacroiliac (SI) joint injection. The MTUS does not specifically address SI joint injections. The ODG states that SI joint injections are indicated when the history and physical exam suggests a diagnosis of sacroiliitis with documentation of at least three positive exam findings, diagnostic evaluations for other possible pain generators, and the patient having failed at least 4 weeks of aggressive conservative treatment, including physical therapy, home exercise and medications. There is no indication in the medical records of a home exercise program or a request for fluroscopy-guided injection. In absence of these criteria, the request is not found to be medically necessary.