

Case Number:	CM14-0127117		
Date Assigned:	08/13/2014	Date of Injury:	09/21/2012
Decision Date:	09/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Medical records reflect the claimant is a 52 year old female who sustained a work injury on 9-21-12. Office visit on 7-14-14 notes the claimant has going pain in bilateral lower extremities. On exam, the claimant had difficulty walking on heels. She has tenderness to palpation at left sacroiliac joint and decreased lumbar range of motion. SLR was < 25 degrees bilaterally. The claimant has positive Patrick's test as well as right lower extremity atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Sacroiliac (SI) Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) sacroiliac joint injections; Official Disability Guidelines (ODG) Hip and Pelvis chapter.

Decision rationale: ACOEM notes that Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints,

but without evidence of inflammatory sacroiliitis. ACOEM continues to note that Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. ODG reflect that sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. There is an absence in documentation noting that this claimant has undergone 4-6 weeks of aggressive conservative treatment. Additionally, ACOEM does not recommend these injection for sacroiliac joint related pain or chronic nonspecific low back pain. This claimant does not have a proven or known cause of her sacroiliac pain. Therefore, the medical necessity of this request is not established.