

Case Number:	CM14-0148045		
Date Assigned:	10/16/2014	Date of Injury:	09/08/2009
Decision Date:	12/02/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a patient with a date of injury of September 8, 2009. A utilization review determination dated August 27, 2014 recommends noncertification of "right lumbar SI joint injection." Noncertification was recommended due to identification that a sacroiliac injection had been performed on August 15, 2014 with no documentation of efficacy or objective functional improvement. A progress report dated July 8, 2014 identifies subjective complaints of low back pain. The patient states that he is fallen several times with some increased hip pain. The patient states the medication helps decrease pain and allows them to increase activities of daily living. Objective examination findings revealed tenderness the palpation in the lumbar spine with decreased sensation in the L5 and S1 dermatomes on the left with reduced strength in the right lower extremity and positive straight leg raise. Diagnoses include status post MLD on right at L5-S1. The treatment plan recommends considering physical therapy, chiropractic treatment, acupuncture, pain management, injections, and surgery. The note goes on to recommend a right sacroiliac steroid injection and continuing current medications. A utilization review certification for right sacroiliac injection is dated July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar SI 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 and the National

Library of Medicine article entitled, "Correlation of clinical examination characteristics with three sources of chronic low back pain"

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip and Pelvis Chapter, Sacroiliac Blocks

Decision rationale: Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it is unclear whether all other possible pain generators have been addressed. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.