

Case Number:	CM14-0158917		
Date Assigned:	10/02/2014	Date of Injury:	04/07/2007
Decision Date:	10/31/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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, 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:

The injured worker is a 66-year-old female with an original industrial injury on April 7, 2007. The patient was injured during a fall and developed persistent low back pain, which has affected the sacroiliac joint region. There is also left trochanteric bursitis. Diagnostic workup has consisted of lumbar MRI, which has shown degenerative disc disease at multiple levels. The patient is on a pain regimen consisting of the Butrans patch 5 and Tramadol 50 mg orally for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Intra-Articular steroid Injection under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines 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. Additionally, it appears that the patient's findings may be partly attributable to lumbar radiculopathy. There is documentation in a progress note dated June 10, 2014 that the patient has positive straight leg raise, suggesting possible radiculopathy. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.