

Case Number:	CM14-0181768		
Date Assigned:	11/06/2014	Date of Injury:	02/21/2013
Decision Date:	12/09/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 44 year old male with date of injury 2/21/13. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with radiation of pain to the right buttock since the date of injury. He has been treated with epidural steroid injection, chiropractic therapy, physical therapy and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the right lumbar paraspinal musculature and right sacroiliac joint, positive Faber's test. Diagnoses: lumbago, lumbosacral neuritis, sacroiliitis. Treatment plan and request: right sacroiliac joint injection with ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac joint injection with Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 300.

Decision rationale: Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections of lidocaine, steroid or both are of questionable benefit and offer no significant long term functional benefit. On the basis of the MTUS guidelines, right sacroiliac joint injection with ultrasound is not indicated as medically necessary.