

Case Number:	CM14-0184784		
Date Assigned:	11/12/2014	Date of Injury:	05/27/2011
Decision Date:	12/16/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/06/2014

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 Neurology 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 (IW) is a 53 year old male with a reported date of injury of 5/27/2011. The mechanism of injury is reported to be a fall to the ground while attempting to push a large tool box while at work. The IW reports he has low back pain, shoulder pain, knee pain and wrist pain. For the purpose of this review, the focus will be on the lower back and hip pain. An exam is provided from 6/3/14 and the relevant findings are as follows: The IW reports his low back pain is increased with walking or sitting for a long time (more than one hour) without getting up or moving around. His lower back exam is notable for decreased range of motion in all planes tested. The IW is still able to perform squats on the exam, however, his motor exam (power) of the left extensor hallicus longus is reduced (4/5). The reflexes are notably absent at the knees bilaterally. In the past, the IW has undergone two reported epidural steroid injections and reports only transient relief (reporting a 60 to 70 percent reduction of pain for only a two month period)..In addition to this treatment, the IW has been prescribed MS Contin and Oxycodone for pain relief. Per a prior reviewer of this case, The IW has undergone a sacroiliac joint injection on 4/18/13 with a reported 70 percent reduction in pain for two to three months. A previous request for bilateral sacral iliac joint injections was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacral iliac joint steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Hip and Pelvis chapter Sacroiliac joint blocks

Decision rationale: Per the recommendations in the MTUS, invasive tests (local injections- in this case sacroiliac joint injections) are of questionable merit. In addition, according to the official disability guidelines, the use of sacroiliac joint injections are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy including at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatory. In this case, the IW has not participated in such a conservative therapy program at any point in his treatment (or it is not appropriately documented in medical reports). Consider the lack of a documented attempt at a conservative therapy for the treatment of sacroiliac joint, the request for bilateral sacral iliac joint steroid injections is not medically necessary.