MAXIMUS Federal Services

Case Number:	CM14-0024334		
Date Assigned:	06/11/2014	Date of Injury:	04/15/2008
Decision Date:	09/17/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 underlying date of injury in this case is 04/14/2008. The patient's diagnoses include chronic pain syndrome, lumbosacral radiculitis, lumbar intervertebral disc degeneration, sacroiliitis, and lumbar facet joint pain. On 08/18/2014, an attorney filed an appeal in this claim submitted multiple office notes covering dates 02/18/2014 through 08/13/2014 requesting bilateral sacroiliac joint injections. These reports were reviewed. Note that as of 02/18/2014, the patient reported severe anxiety, depression, and pain exacerbation and felt there was inconsistent access to medication was aggravating his pain conditions. Medications were renewed including Cymbalta, Valium, and Norco. A mental health evaluation was recommended, and bilateral sacroiliac injections were recommended. The patient was noted to have diffuse pain from his neck to his low back and most severe at his low, radiating to his bilateral hips and thighs with associated tingling. Symptoms were noted to continue on multiple office visits through 08/17/2014. The patient again was noted to have chronic low back pain and bilateral lower extremity pain in the setting of lumbar degenerative disc disease and a radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BILATERAL SACROILIAC JOINT INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The ACOEM Guidelines state that invasive techniques including local joint injections are of questionable merit. In this case, the medical record outlines pain and not isolated to the sacroiliac joint but rather highly multifocal in nature from the cervical spine through the lumbar spine and with radiating symptoms into the lower extremities. The treatment guidelines do not suggest that focal sacroiliac injection treatment is likely to be beneficial for such diffuse or multifocal pain. The requested treatment is not supported by the medical guidelines. This request is not medically necessary.