

Case Number:	CM14-0144131		
Date Assigned:	09/12/2014	Date of Injury:	09/10/2013
Decision Date:	03/09/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 59 year old female who sustained an industrial injury on September 10, 2013. The mechanism of injury was a fall. The injured worker reported sharp low back pain, tailbone pain, left shoulder pain and left knee pain. Diagnoses include rotator cuff syndrome, lumbosacral strain and internal derangement of the knee. The injured worker had a history of a left knee surgical repair. Treatment to date has included pain management, diagnostic testing, a transcutaneous electrical nerve stimulation unit, injections of the left shoulder and a home exercise program. The documentation dated July 8, 2014 notes that the injured worker had ongoing left shoulder pain and chronic left knee pain. Physical examination revealed minimal tenderness to the left subacromial region on deep palpation, tenderness at the right sacroiliac joint and tenderness at the lower lumbar region. Lumbar range of motion was limited. On September 5, 2014, the injured worker submitted an application for IMR for review of an injection of the right sacroiliac joint for thoracic spine. On August 20, 2014 Utilization Review evaluated and non-certified the request for a right sacroiliac joint injection. The Official Disability Guidelines were cited

IMR ISSUES, DECISIONS AND RATIONALES

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

Right S1 joint injection for thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.

Decision rationale: According to the ACOEM guidelines, joint injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant has received prior injections. The request for additional SI injections is not medically necessary.