

Case Number:	CM15-0102156		
Date Assigned:	06/04/2015	Date of Injury:	08/24/2013
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 33 year old female who sustained an industrial injury on 8/24/13 resulting in back pain from cumulative trauma. The back pain radiated down the left and right lower extremities. She currently complains of ongoing left sided back pain. On physical exam there was spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. Her activities of daily living are limited in all areas including self-care and personal hygiene. Medications are Prozac, Anaprox, and Prilosec. Diagnoses include lumbar strain; lumbosacral radiculopathy; left sacroiliitis; anxiety; depression. Treatments to date include sacroiliac joint injection (9/2014) resulting in 50% pain relief; three day trial of transcutaneous electrical nerve stimulator unit that was helpful; psychological evaluation. Diagnostics include MRI of the lumbar spine (1/31/14) showing posterior disc bulge without evidence of central stenosis or neural foraminal narrowing. On 5/12/15 the treating provider requested authorization for sacroiliac joint injection, left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 299, 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint Blocks.

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any sections that deal with this topic. Official Disability Guidelines (ODG) recommend Sacroiliac (SI) joint blocks under certain guidelines. 1) 3 positive findings consistent with SI joint dysfunction. Fails criteria. Provider's documentation lacks necessary documentation of findings. 2) Diagnostic evaluation must address other pain generators. Meets criteria. MRIs and other tests show SI joint is primary source of pain. 3) Aggressive conservative therapy for at least 4-6 weeks. Provider has failed to document aggressive conservative treatment. Does not meet criteria. 4) Reported >70% improvement in pain lasting at least 6 weeks with prior injections. Fails criteria. Patient only noted 50% improvement in pain. Patient does not meet criteria needed to recommend SI joint block. Repeat SI joint block is not medically necessary.