

Case Number:	CM15-0108926		
Date Assigned:	06/15/2015	Date of Injury:	07/10/1996
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female who sustained an industrial injury on July 10, 1996. She has reported back pain and has been diagnosed with bilateral S1 joint llitis, left leg radicular symptoms, lumbar herniated nucleus pulposus at L4-5, lumbar degenerative disc disease at L3-4, L4-5, and L5-S1, status post ESI and facet block x 2, lumbar stenosis at L4-5, lumbar facet syndrome, and left leg radiculopathy. Treatment has included medication, injection, and physical therapy. There was focal tenderness bilaterally over the L3-4, L4-5, and L5-S1 posterior spinous processes and paraspinal muscles. She could come to an upright position with only minimal upper extremity assist. She does have positive flexion, abduction, and external rotation tests of both SI joints. The left was more symptomatic than the right with regard to pain. The treatment request included 1 right sacroiliac joint injection under IV sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection under IV sedation and fluoroscopy as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Regarding the request for repeat sacroiliac joint injections, ACOEM and CA MTUS do not have guidelines regarding this request. The ODG states the following; "In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks." Within the documentation available for review, the patient had sacroiliac joint injections on 11/12/2014 without clear documentation of 70% reduction of pain for 6 weeks. In the absence of such documentation, the currently requested repeat sacroiliac joint injection is not medically necessary.