

Case Number:	CM15-0109030		
Date Assigned:	06/15/2015	Date of Injury:	06/07/2005
Decision Date:	09/21/2015	UR Denial Date:	05/07/2015
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: 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:

The injured worker is a 55-year-old male with an industrial injury dated 06-07-2005. His diagnoses included post laminectomy syndrome lumbar and status post multiple back surgeries. Prior treatment included 5 back surgeries, spinal stimulator and medications. He presented on 04-28-2015 with complaints of "fairly severe pain" in the lower thoracic region. He also describes sacral pain and radicular pain extending into both lower extremities. Associated symptoms were numbness and dysesthesia in lower extremities. He rated his pain as 8-9 out of 10. His medications were Oxycontin, Oxycodone and Lyrica. Physical exam noted the back was tender to palpation with quite prominent pain on palpation directly over the sacroiliac joints bilaterally. Sensation was slightly decreased in a patchy distribution in the left leg. His gait was antalgic and reflexes were hypoactive. He was using a cane. Treatment request is for left SI joint injection.

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.

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) Hip chapter and pg 20.

Decision rationale: According to the guidelines, intrarticular hip injections are under study for hip osteoarthritis but it is recommended as a short-term option for hip bursitis and should be performed under fluoroscopy. In this case, there was no mention of bursitis or use of Fluoroscopy. In addition, the ACOEM guidelines do not support invasive procedures such as injections due to their short-term benefit. The request for an SI injection is not medically necessary.