

Case Number:	CM15-0010813		
Date Assigned:	01/28/2015	Date of Injury:	05/15/2011
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
 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 33 year old female who sustained an industrial injury reported on 5/15/2011. She has reported bilateral low back and buttock pain, left > right. The diagnoses have included: status-post lumbar decompression surgery (11/2013) with wound dehiscence wound resulting in incision and drainage, with wound vac, and secondary closure 12/5/13); lumbar radiculopathy; herniated nucleus pulposus at lumbar 5 - sacral 1; and sacroiliac joint dysfunction. Treatments to date have included consultations; diagnostic imaging studies; surgery physical therapy; successful sacroiliac (SI) joint injections (6/14); electromyogram and nerve conduction studies of the lower extremities; weight loss; multiple medication management and dependency rehabilitation to get off narcotics. The work status classification for this injured worker (IW) was not noted; however she has requested job retraining. On 12/22/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/15/2014, for a repeat sacroiliac joint injection, left then right. The Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine Guidelines, chronic pain medical management, opioid, sacroiliac joint injections, and the Official Disability Guidelines, hip and pelvis chapter, sacroiliac joint blocks, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat SI joint injection, left then right for the low back, QTY: 2: Overturned

Claims Administrator 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 & Pelvis Chapter, Sacroiliac joint blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, sacroiliac joint injections

Decision rationale: The request is considered medically necessary. The MTUS guidelines do not address the use of sacroiliac joint injections, therefore ODG guidelines were used which states that they are recommended if there was failure of at least 4-6 weeks of aggressive conservative therapy. There has to be 3 positive exam findings for SI joint dysfunction. The patient had previous SI joint injections and according to the chart, the patient stated she had 2.5 months of no pain two weeks after the injection. Repeat injections are indicated if the patient has had at least 70% decrease in pain over six weeks. There should be a 2 month interval between injections. The patient's last SI injections were in 6/2014. Therefore, the request is considered medically necessary.