

Case Number:	CM15-0122215		
Date Assigned:	07/06/2015	Date of Injury:	02/02/2008
Decision Date:	09/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old female who sustained an industrial injury on February 02, 2008. A recent primary treating office visit dated February 03, 2015 reported subjective complaint of severe low back pain radiating to bilateral legs, left side greater. The treating diagnoses were: bilateral sacroiliac joint sprain, lumbar spine disc protrusion, and lumbar spine radiculopathy. The plan of care noted pending authorization to obtain electric nerve conduction studies and refilling Motrin, Omeprazole, and last medication is not decipherable. At the next visit dated March 17, 2015 Menthoderm noted refilled along with ibuprofen and Omeprazole. She is to remain temporarily totally disabled. At a visit dated May 12, 2015 subjective complaint noted difficulty sleeping secondary to the pain. There is mention that Tramadol was trialed without noted relief. The plan of care noted obtaining a urine drug screen, recommending physical therapy education of home exercise program, continuing medications Flexeril, Ibuprofen, Norco 5mg 325mg, and a compound topical cream. The most recent treating diagnoses were: lumbar radiculitis and left sacroiliac joint dysfunction. The plan of care noted administering a left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection: 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), hip and pelvis, criteria for the use of sacroiliac blocks.

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 problems, diagnosis and Low back- Sacroiliac joint injections (SJI).

Decision rationale: Left sacroiliac joint injection is not medically necessary per the ODG guidelines. The MTUS was reviewed but does not specifically address sacroiliac injections. The ODG states that there should be at least three positive tests for motion, palpation, and provocation. The ODG low back chapter states that these injections can be recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. The medical records reviewed do not indicate these findings on documented physical examinations or a failure of 4-6 weeks of conservative care therefore this request is not medically necessary.