

Case Number:	CM15-0123077		
Date Assigned:	07/07/2015	Date of Injury:	10/16/2006
Decision Date:	08/07/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: Massachusetts

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 39-year-old male who sustained an industrial injury on 10/16/2006 resulting in low back pain with bilateral radiation to lower extremities being greater on the right. He is diagnosed with lumbar post laminectomy syndrome; lumbar radiculopathy; status post fusion lumbar spine; and, chronic pain. Treatment has included left hemilaminotomy at L4-5 and L5-S1, lumbar fusion; physical therapy; medication; and, home exercise. Treatments have resulted in reporting of some improvement in pain and functionality, but the injured worker continues to present with low back pain and limitations with mobility and activities of daily living. The treating physician's plan of care includes bilateral sacroiliac joint injection with local anesthetic and steroid. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection w/ local anesthetic and steroid: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant has a remote history of a work injury occurring at October 2006 and continues to be treated for low back pain. He underwent a multilevel lumbar fusion including L5-S1. When seen, he was having low back pain radiating into the lower extremities to the feet. Physical examination findings included a slow gait with use of a cane. There was decreased and painful lumbar spine range of motion and lumbar tenderness. Straight leg raising was negative. There was bilateral hip tenderness. A prior assessment documents pain with palpation over the hips and sacroiliac joints bilaterally. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the claimant has a history of a lumbar fusion including to the sacrum. However, the requesting provider does not document any positive physical examination findings that support a diagnosis of sacroiliac joint mediated pain. The requested bilateral sacroiliac joint injections are not medically necessary.