

Case Number:	CM15-0124421		
Date Assigned:	07/08/2015	Date of Injury:	06/13/1997
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 13, 1997. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for a right sacroiliac joint injection while apparently improving a left sacroiliac joint injection. The claims administrator referenced an RFA form received on June 16, 2015 in its determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant reported ongoing complaints of low back with radiation and pain to and alleged weakness about the bilateral lower extremities. The applicant was on AcipHex, Elavil, aspirin, Celebrex, Cymbalta, Lunesta, Glucophage, Plaquenil, Lidoderm patches, Zestril, Lyrica, Lunesta, Norco, Tenormin, and Zanaflex, it was reported. The applicant exhibited myofascial tenderness with dysesthesia about the right leg appreciated on exam. The right lower extremity ranged from 4+ to 5/5. The applicant appeared visibly uncomfortable, had difficulty walking. The attending provider posited that the applicant had issues with facetogenic low back pain, hip arthritis, lumbar degenerative disk disease, and SI joint degenerative disk disease without any acute process appreciated by the same. Bilateral SI joint injections were sought. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 611.

Decision rationale: The request for a sacroiliac joint injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The Third Edition ACOEM Guidelines notes that sacroiliac joint injections are not recommended in the treatment of any radicular pain syndrome. Here, the applicant was described on the July 13, 2015 progress note at issue as having ongoing complaints of low back pain radiating to the bilateral lower extremities. Lumbar radiculopathy, thus, was one of the operating diagnoses present here. SI joint injection therapy was not indicated in the radicular pain context present here, per ACOEM, which suggests reserving SI joint injections for applicants with some rheumatologically proven spondyloarthropathy implicating the SI joints. Therefore, the request was not medically necessary.