

Case Number:	CM15-0167257		
Date Assigned:	09/04/2015	Date of Injury:	01/13/2015
Decision Date:	12/04/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/25/2015

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: 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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 13, 2015. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for a right-sided SI joint injection. The claims administrator referenced an August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 31, 2015, the applicant reported ongoing complaints of low back pain radiating into the buttock region. The applicant was on Norco, Relafen, and Flexeril, the treating provider acknowledged. The applicant was off of work and had not worked since the date of injury, the treating provider reported. The attending provider contended that the applicant's pain complaints were in fact the result of SI joint related pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right SI joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, page, 611.

Decision rationale: No, the request for a right-sided sacroiliac (SI) joint injection was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of sacroiliac joint injections, the MTUS Guideline in ACOEM Chapter 12, page 300 notes that invasive techniques such as the SI joint injection in question are of "questionable merit." The attending provider failed to furnish a clear or compelling rationale for pursuit of the SI joint injection in the face of the tepid position on invasive techniques set forth in the MTUS Guideline in ACOEM Chapter 12, page 300. The Third Edition ACOEM Guidelines Low Back Disorders Chapter also notes on page 611 that SI joint injections are not recommended in the chronic non-specific low back pain context present here but, rather, stipulates that SI joint injections should be reserved for applicants with some rheumatologically-proven spondyloarthropathy involving the SI joints. Here, however, there was no mention of the applicant's carrying a disease process (such as HLA-B27 positive spondyloarthropathy) involving the SI joints. Therefore, the request was not medically necessary.