Case Number:	CM15-0170675		
Date Assigned:	09/11/2015	Date of Injury:	06/13/1997
Decision Date:	10/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina
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 64 year old female with an industrial injury dated 06-13-1997. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc, trochanteric bursitis, piriformis syndrome, Type 1 diabetes mellitus, osteoarthritis of spinal facet joint, sacroiliac (SI) pain and sacroiliitis. Treatment consisted of MRI of lumbar spine dated 02-25-2015, prescribed medications, injection in March, activity restrictions, rest, and periodic follow up visits. Medical records (06-30-2015) indicate chronic low back pain in the setting of facet osteoarthritis and insulin dependent diabetic. The injured worker reported that the pain radiates to lateral thigh and interferes with sleep. The injured worker rated pain an 8-9 out of 10 without medication and a 6-7 out of 10 with medication. Objective findings revealed very mild discomfort of the lumbosacral area and gluteus bilaterally, restriction with range of motion, positive compression and positive Patrick's sign. MRI of lumbar spine dated 02-25-2015 revealed interval 15 millimeter L3 superior endplate Schmorl's node with surrounding osseous reactive edema, progressive L2-3 degenerative disc disease with progressive right foraminal and central mild stenosis. The treating physician prescribed services for one left sacroiliac S1 joint injection. Utilization Review determination on 08-27-2015 non-certified the request for one left sacroiliac S1 joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left sacroiliac S1 joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injection.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG states that SI joint injection is only indicated when there is documented failure of aggressive conservative therapy for 6-8 weeks and there are clear findings on the physical exam that show the SI joint is the source of the pain. The provided medical records for review do not meet these criteria and therefore the request is not medically necessary.