

Case Number:	CM15-0173285		
Date Assigned:	09/15/2015	Date of Injury:	05/27/2014
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/02/2015

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: Arizona, California

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 30 year old male who sustained an industrial injury on May 27, 2014. An orthopedic follow up dated August 11, 2015 reported chief subjective complaint of left leg, low back and buttock pains. He reports not taking any medications at this time. He is with a past medical history of sciatica. Previous treatment to include: activity modification, medications, physical therapy session, injections (last sacroiliac joint injection May 05, 2015). The following diagnoses were applied: cervical pain, thoracic pain; idiopathic low back pain; herniated nucleus pulposus; facet arthrosis; degenerative disc disease; neuroforaminal spinal stenosis; sciatica and sacroiliac joint arthrosis. The plan of care is with recommendation to administer bilateral sacroiliac joint blocks. The following diagnoses were applied: shoulder pain; lumbar disc disorder without myelopathy; pain in lumbar spine; disorder of lumbar disc, and sprain of shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac Joint Block with Fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter (Online Version) Sacroiliac joint blocks.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Surgical Considerations.

Decision rationale: According to the guidelines, invasive procedures provide short-term benefit. The claimant had a prior SI injection in 5/2105 that only provided 1 day of relief. There is no mention of current medication use, which may be required to improve pain and function. The request for another set of SI injections is not medically necessary.