

Case Number:	CM15-0174398		
Date Assigned:	09/16/2015	Date of Injury:	10/02/2013
Decision Date:	10/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 injured worker is a 51 year old female, who sustained an industrial injury on October 2, 2013, resulting in pain or injury to the low back. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain, facet arthropathy, and sacroiliac joint disease. On August 13, 2015, the injured worker reported more severe low back pain, with aching across the low back and buttocks, rating her pain as 9 out of 10 without medications and 6 out of 10 with medications. The Primary Treating Physician's report dated August 13, 2015, noted the injured worker reported the Toradol injection she received at the previous appointment was significantly helpful, and would like to have one again. The injured worker was noted to be using Cymbalta, Lidoderm patches, Flexeril, and Gabapentin, with current medication list also including Synthroid, Zovia, Wellbutrin, Naproxen, Tramadol, Sumatriptan, Cetirizine HCL, and Excedrin Extra Strength. The injured worker was noted to have just started acupuncture, not noticing much change after two sessions. The injured worker reported having difficulty exercising as the pain had been more severe. The lumbar spine examination was noted to show significant tenderness in the right sacroiliac joint more than the left, with a positive stork test, more so on the right, and significantly decreased range of motion (ROM). A sacroiliac compression test was noted to be positive on the right, with a positive Patrick's more on the right, and Gaenslen's was also positive on the right. The treating physician indicates that an electromyography (EMG) on July 8, 2015 was reported by the injured worker to be normal, and a MRI of the lumbar spine from June 25, 2015, showed early degenerative disc disease and slight posterior bulging at T12-L1. Prior treatments have included physical therapy

with minimal relief, water therapy noted to be significantly helpful in decreasing pain, and medications. The injured worker was noted to have been administered a Toradol injection in the right buttock. The request for authorization dated August 13, 2015, requested a Bilateral Sacroiliac Joint Injection. The Utilization Review (UR) dated August 27, 2015, non-certified the request for a Bilateral Sacroiliac Joint Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com, Section: Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis/Sacroiliac Joint Injections.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in great detail and the updated versions do not support the use of sacroiliac joint (SI) injections (diagnostic or therapeutic) for low back pain unless there is a clear medical diagnosis of an immune disorder inflammatory arthropathy. This diagnosis(s) has not been established on a radiographical or systemic basis and there are no other indications that this type of medical disorder is present. The request for bilateral Sacroiliac Joint injections is not supported by Guidelines and there are no unusual circumstances to justify an exception to the Guidelines. The SI joint injections are not medically necessary.