

Case Number:	CM15-0177318		
Date Assigned:	09/18/2015	Date of Injury:	08/04/2000
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old female with an industrial injury dated 08-04-2000. Medical record review indicates she is being treated for lumbalgia, lumbar radiculitis and facet joint arthritis. The progress note dated 07-23-2015 documentation indicates the injured worker was complaining of low back pain radiating down right leg. The pain is documented as 7 out of 10. Objective findings are documented as spasm +. Work status is documented as return to modified work on 08-31-2015. Prior progress note dated 06-18-2015 documents pain as in neck down to low back radiating down both legs and more prominent in right leg. The pain is documented as 7 out of 10. Progress notes dated 03-04-2015 and 05-07-2015 document pain rating as 8 out of 10. Progress note dated 07-13-2015 is documented as 7 out of 10. Her medications included Methadone and Omeprazole. The provider documents "Nabumetone made her body swell, however it took pain away." Prior treatment included medications and home exercise program. The treatment request is for right sacroiliac (SI) joint injection. On 08-14-2015 the request for right sacroiliac (SI) joint injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI 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) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Low Back Disorders, p191.

Decision rationale: This claimant has a remote history of a work injury occurring in August 2000 and continues to be treated for low back pain with right lower extremity radiating symptoms. When seen, she was having difficulty sleeping due to back pain. Medications were helping. Physical examination findings included muscle spasms. There was right posterior superior iliac tenderness. Patrick's testing and Spring testing was positive. Authorization was requested for trigger point injections and a right sacroiliac steroid injection. Medications were refilled. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, there are only two positive sacroiliac joint tests documented. There is no evidence of inflammatory arthritis involving the sacroiliac joint. The above criteria are not met and the requested sacroiliac joint injection is not medically necessary.