

Case Number:	CM15-0178068		
Date Assigned:	09/18/2015	Date of Injury:	01/03/2015
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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 41 year old female, who sustained an industrial injury on 01-03-2015. The injured worker is currently working with modifications. Medical records indicated that the injured worker is undergoing treatment for lumbago and sprain of sacroiliac ligament. Treatment and diagnostics to date has included right gluteal bursa injection, physical therapy, and medications. Current medications include Meloxicam, Flexeril, Ultracet, and Sumatriptan. Lumbar spine MRI report dated 02-06-2015 stated "desiccated mild L1-L2 degenerative disc but no impingement on the thecal sac or nerve roots at this level is identified, attenuation of the ventral subarachnoid space at the L3-L4 level but no impingement on the thecal sac or nerve roots at this level is identified, mild circumferential bulging of the L4-L5 disc but no impingement on the thecal sac or nerve roots at this level is identified, and attenuation of the right ventral subarachnoid space at the L5-S1 level with mild right neuroforaminal stenosis but no impingement on the thecal sac or nerve roots at this level is identified". In a progress note dated 07-29-2015, the injured worker reported right sided low back pain that radiates into the posterior thigh. Objective findings included right sided sacroiliac joint pain and tenderness and stated "it is about 80% of her symptoms and 20% of her symptoms are some mild radiation into the buttock and posterior thigh that does not radiate past the calf" and positive straight leg raise test. The Utilization Review with a decision date of 08-11-2015 denied the request for outpatient: pre-sacroiliac joint injection consultation with Physical Medicine and Rehabilitation (PM and R) and SI (sacroiliac) joint injection with PM and R.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Pre-Sacroiliac (SI) Joint Injection Consult with Physical Medicine and Rehab (PM and R): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant did not have significant MRI findings in the SI region. The claimant did not respond to prior bursal injections. The guidelines do not support invasive procedures due to their short-term benefit. As a result, the request for SI joint injection is not medically necessary and therefore the PM&R consultation is not necessary.

SI Joint Injection with PM and R: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, ch 7, page 127.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant did not have significant MRI findings in the SI region. The claimant did not respond to prior bursal injections. The guidelines do not support invasive procedures due to their short-term benefit. As a result, the request for SI joint injection is not medically necessary.