

Case Number:	CM15-0026006		
Date Assigned:	02/18/2015	Date of Injury:	03/21/2009
Decision Date:	04/03/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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: Internal 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 49 year old male, who sustained an industrial injury on 3/21/09. He has reported pain in the left shoulder, left arm, neck and low back related to a slip and fall. The diagnoses have included cervicalgia, lumbago and sacroiliac joint arthropathy. Treatment to date has included home exercise program, chiropractic treatments and oral medications. As of the PR2 dated 1/26/15, the injured worker reports low back pain that radiates to the right lower leg and is causing numbness and weakness. The treating physician requested a right lumbar sacroiliac joint injection as an outpatient. On 2/5/15 Utilization Review non-certified a request for a right lumbar sacroiliac joint injection as an outpatient. The utilization review physician cited the ACOEM guidelines for low back disorders. On 2/6/15, the injured worker submitted an application for IMR for review of a right lumbar sacroiliac joint injection as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar SI Joint Injection as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation EBM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition. Low back disorders. <http://www.guideline.gov/content.aspx?id=38438> Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections, trigger-point injections, and ligamentous injections are not recommended. ACOEM 3rd Edition (2011) states that sacroiliac joint injections for chronic low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease) is not recommended. Official Disability Guidelines (ODG) recommends that diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The pain management consultation report dated 1/26/15 documented subjective complaints of low back pain with radiation down the right lower extremity. He complained of numbness, tingling, and weakness of the right lower extremity. Diagnoses included lumbago and lumbar radiculopathy. ODG criteria for the use of sacroiliac blocks requires that diagnostic evaluation must first address any other possible pain generators. Lumbar spine disorder and lumbar radiculopathy are confounding pain generators. Diagnostics of the lumbar spine and sacroiliac joint were not documented in the 1/26/15 pain management consultation report. ODG criteria for the use of sacroiliac blocks requires that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT physical therapy, home exercise and medication management. Aggressive conservative therapy sacroiliac complaints were not documented. ACOEM and ODG guidelines do not support the request for SI sacroiliac joint injection. Therefore, the request for SI sacroiliac joint injection is not medically necessary.