

Case Number:	CM15-0064136		
Date Assigned:	04/10/2015	Date of Injury:	11/01/1998
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/03/2015

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 63 year old female, who sustained an industrial injury on 11/01/1998. The injured worker is currently diagnosed as having chronic back pain, status post lumbar fusion, post-laminectomy syndrome, sacroiliac joint dysfunction, lumbar disk disease, radicular symptoms in the legs, status post bone stimulator implantation, chronic abdominal pain, multiple hernia repairs, and depression. Treatment to date has included lumbar fusion, physical therapy, bone stimulator implantation, injections, and medications. In a progress note dated 01/15/2015, the injured worker presented with complaints of back pain, which radiates down the left leg to the lateral calf. The treating physician reported requesting authorization for bilateral sacroiliac joint injections considering benefits with previous such injections providing greater than 50% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Hip chapter and pg 19.

Decision rationale: According to the guidelines, joint injection is recommended as an option for short-term pain relief in hip trochanteric bursitis. They are not recommended for early arthritis. In this case, the claimant had received 5 sets of injections in the past. The claimant had 50% improvement with the prior injections. The claimant was diagnosed with sacroiliac joint dysfunction. In this case, the claimant does not have the above diagnoses. The claimant still requires pain medications and the injections only last a few months. Additional injections to the right SI joint are not medically necessary.

Left sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hip chapter and pg 19.

Decision rationale: According to the guidelines, joint injection is recommended as an option for short-term pain relief in hip trochanteric bursitis. They are not recommended for early arthritis. In this case, the claimant had received 5 sets of injections in the past. The claimant had 50% improvement with the prior injections. The claimant was diagnosed with sacroiliac joint dysfunction. In this case, the claimant does not have the above diagnoses. The claimant still requires pain medications and the injections only last a few months. Additional injections to the left SI joint are not medically necessary.