

Case Number:	CM15-0071506		
Date Assigned:	04/21/2015	Date of Injury:	11/18/2013
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 46 year old male, who sustained an industrial injury on November 18, 2013. He reported falling forward, landing mostly on his right side, with back and bilateral knee pain. The injured worker was diagnosed as having lumbalgia, lumbar spondylosis, and sacroiliac joint dysfunction. Treatment to date has included x-rays, MRI, SI injection, physical therapy, right knee arthroscopy on January 26, 2015, and medication. Currently, the injured worker complains of right gluteal pain, knee pain, back pain, and chronic bilateral leg pain. The Primary Treating Physician's report dated March 9, 2015, noted the injured worker reported that the SI joint injection administered March 3, 2015, was 30% helpful for the chronic nerve pain in his bilateral legs, with more relief on the right side. The injured worker's current medications were listed as Tizanidine, Motrin, and Norco. Physical examination was noted to show tenderness to palpation at the lumbar paraspinals and sacroiliac joint, worse on the right, with facet loading positive bilaterally, worse on the right, and painful lumbar range of motion (ROM). The treatment plan was noted to include a request for a second SI injection on the right side, and prescriptions for Elavil, Tizanidine, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right Sacroiliac joint steroid injection under flouroscopy: 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), Hip & Pelvis, Sacroiliac joint blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for repeat sacroiliac joint injections, ACOEM and CA MTUS do not have guidelines regarding this request. The ODG states the following; "In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks." Within the documentation available for review, the patient had bilateral sacroiliac joint injections on 3/3/2015 with 30% pain reduction on the right side, but no significant relief on the left. In the absence of documentation of 70% pain reduction, the currently requested right sided sacroiliac joint injection is not medically necessary.