

Case Number:	CM15-0079118		
Date Assigned:	04/30/2015	Date of Injury:	06/18/2003
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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, North Carolina
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 72-year-old male, who sustained an industrial injury on June 18, 2003. He was diagnosed with cervical spondylosis, lumbar degenerative disc disease, and lumbar spondylosis. Treatment included pain management, physical therapy and ultrasound. Currently, the injured worker complained of chronic low back pain. The treatment plan that was requested for authorization included bilateral sacroiliac injection with fluoroscopy, sedated.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Bilateral) Sacroiliac Injection with fluoroscopy, sedated: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (url) <http://www.odg-twc.com/odgtwc/hip.htm>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, table 12-8.

Decision rationale: The request is for SI joint injection in a claimant injured in 2003 who carries the diagnosis of lumbar degenerative disc disease and spondylosis. The ACOEM guidelines do

not support SI injections. There is limited evidence that therapeutic blocks offer long-term benefits. The clinical picture should also suggest an SI injury, which is not the case in this patient. The patient should have a clearly documented failure of conservative treatment, which is not in evidence in the submitted records. A patient should have had and failed 4-6 weeks of aggressive physical therapy, including home PT and medication to meet the criteria for an SI injection. There is no evidence of the patient meeting this criteria. The request is therefore deemed not medically necessary.