

Case Number:	CM15-0091847		
Date Assigned:	05/18/2015	Date of Injury:	03/28/2011
Decision Date:	06/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/12/2015

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 57 year old female, who sustained an industrial injury on 3/28/11. The injured worker has complaints of low back equal to left leg pain. The diagnoses have included low back pain with bilateral radicular pain; lumbar disc degenerations/spondylosis primarily at L4-L5 and L5-S1 (sacroiliac) with facet arthropathy resulting in moderate-to-severe bilateral foraminal stenosis and probable bilateral L5-S1 (sacroiliac) radiculopathy/radicular pain. Treatment to date has included magnetic resonance imaging (MRI) on 12/19/14 of the lumbar spine showed L2-3 and L3-4 moderate right foraminal stenosis, L1-2 moderate disc degeneration and bulging with left posterolateral 4 millimeter protrusion moderately narrowing the left neural foramen; epidural injection; physical therapy; norco; gabapentin; motrin and lumbar spine X-ray on 2/11/15 showed satisfactory placement of hardware at L5-S1 (sacroiliac). The request was for right sacroiliac joint injection.

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), Hip and Pelvis Chapter, SI Joint Injection.

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 sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it is unclear whether all other possible pain generators have been addressed. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.