

Case Number:	CM15-0095366		
Date Assigned:	05/21/2015	Date of Injury:	09/14/1992
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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 60 year old female, who sustained an industrial/work injury on 9/14/92. She reported initial complaints of back pain. The injured worker was diagnosed as having joint pain-left leg, lumbar disc disease, lumbar facet arthropathy, post laminectomy syndrome, and lumbar spinal stenosis. Treatment to date has included medication, diagnostics, and consultation. MRI results were reported on 10/11/11 revealed narrowing of the bilateral S1 joints with sclerosis. X-Rays results were reported to have displacement of S1-2 due to a fall several months earlier. Currently, the injured worker complains of uncontrolled low back pain with radiation into the bilateral lower extremities. Per the primary physician's progress report (PR-2) on 4/28/15, exam revealed slow ambulation, decreased back range of motion, tenderness over the lumbar spine and decreased sensation over the L5-S1 dermatomes, positive orthopedic tests. The requested treatments include 1 Bilateral SI (sacroiliac) joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral SI (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 & Pelvis, Sacroiliac joint blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG and hip- pg 19.

Decision rationale: According to the ACOEM guidelines, invasive procedures are not recommended due to their short-term benefit. The ODG guidelines do not recommend injections for arthritis. The claimant did not have a history of bursitis. The request for an SI injection is not medically necessary.