

Case Number:	CM15-0099175		
Date Assigned:	06/01/2015	Date of Injury:	02/01/2013
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: Massachusetts

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 60-year-old male who sustained an industrial injury on 2/1/13. He reports that parts of his injury have worsened. Diagnoses are degeneration of the intervertebra, pain in thoracic spine, spasm of muscle, sprain of sacrum, sciatica, facet syndrome, and lumbar sprain. In a progress note dated 4/13/15, the treating provider reports the injured worker appears to be in moderate pain, stands slowly, is bent over, and moves deliberately. Exam of the lumbar spine shows straightening with loss of the normal lumbar lordosis. There is no midline shift of the lumbar spine. There is spinous process tenderness on palpation and paraspinal muscle tenderness with tight muscle band palpated. Flexion is decreased at 40 degrees, extension is decreased at 5 degrees, lateral bending to the left is 20 degrees. The straight leg raise test is negative sitting and lying. No tenderness of the sacroiliac joints or atrophy of the lower extremities is noted. The physician note also reports that an MRI shows a 2 mm bulge of L5-S1, disc degeneration/ desiccation, anterior osteophytes, mild narrowing of the lateral foramen bilaterally, L4-5 disc protrusion abutting the ventral thecal sac, left L4 nerve root abutment, and L3-4 desiccation. Work status is modified with restrictions. Treatment has included Prilosec, Celebrex, Norco, Amitriptyline Hcl, and Voltaren gel. The injured worker has seen a pain management specialist and acupuncture treatment is pending. The treatment requested is bilateral sacroiliac injections as diagnostic and therapeutic and to avoid chronic opiate use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac 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 (Acute & Chronic) - Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work injury in February 2013. He continues to be treated for low back pain. When seen, pain was rated at 6-8/10. Physical examination findings included lumbar facet tenderness and positive facet loading. There was decreased and painful lumbar spine extension. He had decreased right lower extremity sensation. Criteria for the use of sacroiliac injections include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, there are no documented physical examination findings of sacroiliac joint dysfunction. The requested sacroiliac joint injections are not medically necessary.