

Case Number:	CM15-0099449		
Date Assigned:	06/01/2015	Date of Injury:	10/28/1995
Decision Date:	07/08/2015	UR Denial Date:	04/22/2015
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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70 year old male, who sustained an industrial injury on October 28, 1995, incurring injuries to his back, neck and extremities after being struck in the back by a truck. He was diagnosed with multilevel cervical degenerative disc disease and lumbar radiculitis. He underwent back and shoulder surgery. Treatment included physical therapy, home exercise program, pain medications, neuropathic medications, proton pump inhibitor, antidepressants and work restrictions. Currently, the injured worker complained of constant low back pain radiating into his coccyx. He complained of difficulty walking for any prolonged time. A thoracic Magnetic Resonance Imaging revealed facet arthropathy and disc protrusions. The treatment plan that was requested for authorization included retrospective sacroiliac joint injection with fluoroscopy and anesthesia with a date of service of April 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective SI joint injection with fluoroscopy and anesthesia - DOS: 04/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks; Pain, Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/Sacroiliac Joint Blocks.

Decision rationale: ODG discusses SI joint injections in very specific circumstances where there are no competing pain generators and where there are multiple specific physical examination findings suggestive of the diagnosis. At this time he records discuss multiple potential lumbosacral pain generators and do not document a physical examination suggestive of focal SI joint pathology as reproducing a key portion of the patient's symptoms. This request is not medically necessary.