

Case Number:	CM13-0007374		
Date Assigned:	09/05/2013	Date of Injury:	06/10/2008
Decision Date:	01/27/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 64-year-old female with accumulative trauma disorder from 4/15/89 to 9/24/08 while working as radiology technologist in the cardiac catheterization lab at [REDACTED]. The patient was diagnosed with cervical and lumbar degenerative disc disease, spondylolisthesis (level and grade not reported), mild carpal tunnel syndrome and anxiety disorder with depression. The claimant is reported to attempt regular exercise including water aerobics and yoga. The claimant complains of right-sided lumbopelvic symptoms that are thought to be suggestive of SI joint dysfunction. The SI joint injection was authorized in the past but was not done in time and the authorization expired. Patient complains of low back pain that radiates to bilateral lower extremities. The patient also complains of neck pain that radiates to bilateral upper extremities. The patient's pain level is increased with average pain level of 6-7/10 with medications. Complains of persistent severe pain at right SI region aggravated by walking. "Examination: The patient's gait was antalgic and slow. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S 1 level. Lumbar myofascial tenderness was noted on palpation. Sensory examination revealed no change. Motor examination revealed no change. Tenderness overlying the right sacroiliac joint was noted on the upon palpation. Patrick's test was performed and noted to be positive on the right."

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for single right sacroiliac block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Sacroiliac Joint Blocks

Decision rationale: The documentation only showed positive Faber's test. ODG called for at least 3 positive exams to proceed with SI joint block. MTUS and ACOEM are silent on SI joint injection. Therefore, the request for SI joint injection does not meet ODG guidelines.