

Case Number:	CM13-0008029		
Date Assigned:	09/16/2013	Date of Injury:	09/17/2005
Decision Date:	01/21/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/09/2013

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 Anesthesiology has a subspecialty in Pain Medicine 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 patient is a 56-year-old male who reported an injury on 09/17/2005 with an unstated mechanism of injury. He was noted to have back pain that was moderate to severe. The patient was noted to have a positive compression, distraction, and PA thrust test as well as a positive Gaenslen's on the right. The patient's diagnoses were noted to include sacroiliitis. The request was made for a Sacroiliac Joint Injection Bilateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac Joint Injection Bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines do not specifically address sacroiliac joint injections. The Official Disability Guidelines recommend sacroiliac joint injections with a history and physical indicating the patient has a positive Gaenslen's test, positive sacral

compression test, and positive distraction test as well as a positive thrust test. Additionally, it indicates that a patient must have had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. The clinical documentation submitted for review indicated that the patient had positive examination findings and the patient had symptoms that were relieved by exercise, physical therapy, stretching, rest, and walking. However, clinical documentation submitted for review failed to provide the patient had documentation of 4 to 6 weeks of aggressive conservative therapy. Given the above, the request for a Sacroiliac Joint Injection Bilateral is not medically necessary.