

Case Number:	CM13-0009074		
Date Assigned:	11/20/2013	Date of Injury:	08/12/2005
Decision Date:	01/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/08/2013

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 Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 55-year-old female who reported an injury on 08/12/2005. The mechanism of injury was not provided for review. The patient underwent an MRI that revealed mild to moderate central canal stenosis and facet osteoarthritis at the L3 through L5 levels with a disc herniation at the L3-4 with moderately severe neural foraminal stenosis compressing the L3 nerve root. The patient's chronic pain has been treated with medications, a TENS unit, acupuncture, physical therapy, and a rhizotomy. The patient continued to have significant left sacroiliac joint pain. The patient's most recent clinical findings revealed tenderness and spasm over the bilateral paravertebral musculature and sacroiliac joint. It was also noted that the patient had limited range of motion in all planes, a positive sacroiliac stress test, Gaenslen's and Yeoman's test were positive on the left, the patient's diagnoses included displacement of a lumbar disc without myelopathy, sprain/strain of the sacroiliac joint, and sprain/strain of the lumbar spine. The patient's treatment plan included a sacroiliac joint injection, continued medication usage, and continuous flow cryotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 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), 2013, Low Back

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

Decision rationale: The requested left sacroiliac joint injection is not medically necessary or appropriate. The patient does have persistent pain in the sacroiliac region that has failed to respond to a rhizotomy. As the patient has already undergone a sacroiliac joint rhizotomy, an additional sacroiliac joint injection would not be supported. As such, the requested left sacroiliac joint injection is not medically necessary or appropriate.