

Case Number:	CM13-0009585		
Date Assigned:	07/02/2014	Date of Injury:	04/01/1996
Decision Date:	07/31/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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/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 66-year-old who sustained a work-related injury on April 1, 1996. Subsequently, She developed chronic back and right knee pain. She was treated with medications and physical therapy. Most of the medical records are from 1999 and 2001. Only one recent note dated on July 15, 2013 was provided. The patient was reported to have a low back pain, left leg and right buttock pain. There is no recent comprehensive history, physical examination, medications used and MRI documentation. The provider requested authorization for Bilateral sacroiliac joint piriformis and trochanteric injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint piriformis and trochanteric injections: 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) Treatment in Workers Compensation (TWC), 2013 web-based edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Sacroiliac joint injections (SJI) http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm >.

Decision rationale: The MTUS guidelines are silent regarding sacroiliac injections. According to the ODG, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of four to six weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. The patient file did not provide any recent documentation about the patient condition. Therefore, the request for a bilateral sacroiliac joint piriformis and trochanteric injections is not medically necessary or appropriate.