

Case Number:	CM13-0013480		
Date Assigned:	09/26/2013	Date of Injury:	02/11/2012
Decision Date:	01/29/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/19/2013

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 & 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 patient is a 45-year-old female who reported injury on 02/11/2012 with the mechanism of injury being the patient was getting up and down from a stool and did not realize there was a broomstick on the floor and the patient was noted to slip on the broomstick. The patient was noted to have a right sacroiliac joint injection on 07/18/2011 and was noted to have sustained improvement for 8 weeks. The diagnoses were noted to include sacroiliitis of the right sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second right sacroiliac joint injection under fluoroscopy: 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), Hip and Pelvis

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, SI joint injections

Decision rationale: California MTUS and ACOEM Guidelines do not address sacroiliac joint injections. Per Official Disability Guidelines in the therapeutic phase, there should be

documentation the patient had at least 70% pain relief for 6 weeks. The clinical documentation submitted for review indicated that the patient had 50% improvement. The clinical documentation submitted for review indicated the patient was complaining of severe right sacroiliac joint pain that comes down from the right buttock down to the posterolateral aspect of the right thigh. The patient was noted to have 50% improvement after the first right sacroiliac joint injection performed 07/18/2012 and was noted to have sustained improvement for 8 weeks. The patient was noted to have a positive Patrick-Faber, positive Trendelenburg, positive Valsalva, positive sciatic tenderness, positive Gaenslen's, and positive sacroiliac joint thrust test. The clinical documentation, however, failed to provide exceptional factors to warrant nonadherence to guideline recommendations of documentation of 70% relief. Additionally there was a lack of objective functional improvement. Given the above, the request for a second right sacroiliac joint injection under fluoroscopy is not medically necessary.