MAXIMUS Federal Services

Case Number:	CM13-0014670		
Date Assigned:	10/04/2013	Date of Injury:	07/20/2010
Decision Date:	01/22/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

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 Occupational 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 has a DOI if 7/20/2010. The patient was hit by a truck axle in the pelvis region. He has a diagnosis of Right SI joint dysfunction, s/p right hip arthroplasty, ORIF right acetabular fracture, bilateral femoral nailing, tibial nailing, left ankle surgery, and left leg wound debridement. The patient had a right hip injection with no benefit, medications, and extensive therapy. The patient had a right SI joint injection with significant relief. That was his second joint injection. The patient had injections on 4/18/12 and 8/29/12. Patient uses a single point cane. Note dated 7/82013 indicates the patient has sacrolilitis. The PTP wants the injection to reduce opiate usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT SI joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, SI injections.

Decision rationale: The Physician Reviewer's decision rationale: This treatment is medically necessary. CA MTUS does not address sacroillitis. Therefore, Official Disability Guidelines (ODG) was used as guides for SI joint injection. The guides give specific criteria for injection, including three positive tests for SI. This patient meets that criteria. Also, there needs to be evidence that previous injections relieved pain which is documented here. The guide allows for 4 injections in a year. As the patient meets criteria, this treatment is necessary.