

Case Number:	CM13-0016558		
Date Assigned:	11/06/2013	Date of Injury:	08/20/2005
Decision Date:	01/21/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 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 47-year-old male who reported a work related injury on 08/20/2005 as the result of a crush injury. The patient presents with complaints of left hip, low back, left leg pain, and pain overlying the left sacroiliac joint. The clinical note date 07/02/2013 reports the patient was seen under the care of [REDACTED]. The provider documents summary of the patient's keratin status post his work related injury. The provider documents the patient reports constant pain to the left hip rated at an 8/10. The provider documented upon physical exam of the patient, range of motion in the lumbar spine was noted as full; however, pain was elicited. The provider documents left sacroiliac joint tenderness, positive Fabere's and Gaenslen's sign. The patient has undergone multiple sacroiliac joint injections with average duration of efficacy noted to be at 2 weeks with gradual return of his pain. Rate of efficacy was noted at 40% to 70%. The provider documented pain of treatment includes continued use of medication regimen, including Soma and OxyContin. The provider documents that he was requesting authorization for a left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac 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)

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.

Decision rationale: The current request is not supported. The clinical notes document the patient has presented with chronic sacroiliac joint pain since status post a work related injury sustained on 08/20/2005. The clinical notes document the patient has utilized lower levels of conservative treatment to include physical therapy and a medication regimen without resolve of his symptomatology. The patient does present with objective findings of sacroiliac joint dysfunction. However, the provider documents status post multiple sacroiliac joint injections, the patient only sustained relief for 2 weeks. California MTUS/ACOEM Guidelines do not specifically address this request. The Official Disability Guidelines indicate in the treatment or therapeutic phase, the suggested frequency for repeat blocks is 2 months or longer between each injection; provided that at least 70% pain relief is obtained for 6 weeks. Additionally, the current request is rendered with a request for MAC sedation. The provider does not document a rationale for the request for MAC sedation for a sacroiliac joint injection. Standard of care indicates these procedures are generally performed without sedation or in some cases, with IV conscious sedation. Given all of the above, the request for left sacroiliac joint injection is not medically necessary or appropriate.

MAC sedation: 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)

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

Decision rationale: The current request is not supported. The clinical notes document the patient has presented with chronic sacroiliac joint pain since status post a work related injury sustained on 08/20/2005. The clinical notes document the patient has utilized lower levels of conservative treatment to include physical therapy and a medication regimen without resolve of his symptomatology. The patient does present with objective findings of sacroiliac joint dysfunction. However, the provider documents status post multiple sacroiliac joint injections, the patient only sustained relief for 2 weeks. California MTUS/ACOEM Guidelines do not specifically address this request. Official Disability Guidelines indicate in the treatment or therapeutic phase, the suggested frequency for repeat blocks is 2 months or longer between each injection; provided that at least 70% pain relief is obtained for 6 weeks. Additionally, the current request is rendered with a request for MAC sedation. The provider does not document a rationale for the request for MAC sedation for a sacroiliac joint injection. Standard of care indicates these procedures are generally performed without sedation or in some cases, with IV conscious sedation. Given all of the above, the request for MAC sedation is not medically necessary or appropriate.

