

Case Number:	CM13-0020571		
Date Assigned:	10/11/2013	Date of Injury:	12/15/2003
Decision Date:	04/17/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 69-year-old male who reported an injury on 12/15/2003. The mechanism of injury was not specifically stated. The patient is currently diagnosed with myofascial pain syndrome, sacroiliac pain, lumbar degenerative disc disease and lumbar radiculopathy. The patient was seen by [REDACTED] on 07/11/2013. The patient reported 7/10 pain. Physical examination revealed tenderness to palpation of the left SI joint, positive Faber testing and positive Gaenslen's and flamingo testing. Treatment recommendations included an SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI JOINT INJECTION UNDER IV SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Hip & Pelvis Chapter.

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

Decision rationale: The Official Disability Guidelines state that the history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings. As per the

documentation submitted, the patient does demonstrate tenderness to palpation over the left SI joint with positive Faber testing and Gaenslen's and flamingo testing. However, there is no documentation of an exhaustion of conservative treatment with evidence of a physical therapy program, home exercise program and medication management. It is also noted that an SI joint injection was requested by [REDACTED] on 02/05/2013. It is unknown as to whether the patient has previously undergone this procedure in the past. Furthermore, the medical necessity for IV sedation has not been established. Based on the clinical information received, the request is non-certified.