MAXIMUS Federal Services

Case Number:	CM13-0020974		
Date Assigned:	03/12/2014	Date of Injury:	01/24/2008
Decision Date:	05/08/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

By way of history, this is a 40-year-old gentleman who apparently had an injury dating back to 2006 in January. The most recent records for review are from [redacted], dated July 8, 2013. The claimant apparently complained of ongoing low back pain and a history of a previous left sacroiliac injection. Unfortunately, I do not have documentation in terms of what was injected either local and/or steroid. The claimant reported apparently 60 percent improvement from the injection. Examination by [redacted] showed continued paravertebral muscle tenderness as well as tenderness into the left sacroiliac joint. The request for a second injection has apparently been denied based on the Official Disability Guidelines. The Official Disability Guidelines state that the criteria for a repeat injection would include an initial positive response of at least 80 percent for the duration of local anesthetic. It also goes on to state that in the therapeutic phase, the suggested frequency for repeat blocks is two months or longer between each injection provided that at least "greater than 70 percent of pain relief is obtained for six weeks."

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, HIP & PELVIS CHAPTER, ONLINE EDITION: SACROILIAC JOINT BLOCKS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP: 18TH EDITION; 2013 UPDATES: CHAPTER HIP: SACROILIAC JOINT BLOCK

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. In this case, there is documentation of the employee receiving "60 percent improvement," after the first sacroiliac injection which according to the Official Disability Guidelines would not justify the request for a second injection as ODG recommends greater than 70 percent pain relief for 6 weeks. The employee's report of 60 percent improvement could be looked upon as "nebulous" based on the employee's response to "pain levels" and percentage of improvement. Although the percentage does not meet the criteria, one would even look closer at the clinical documentation as there is a lack of actual objective findings of improvement from the previous sacroiliac injection. Based on the lack of concrete objective findings of improvement, the employee does not meet the guidelines for a repeat sacroiliac injection. Based on the ODG Guidelines, the request for a second sacroiliac injection does not appear to be medically reasonable at this point.