

Case Number:	CM13-0024980		
Date Assigned:	12/11/2013	Date of Injury:	04/26/2006
Decision Date:	06/13/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/17/2013

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 Family Medicine and is licensed to practice in Arizona. 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 reported a date of injury on 04/26/06. The patient's diagnosis is of failed low back surgery syndrome, with removal of hardware in early 2013, and psoriatic arthritis. Subjective complaints are of ongoing pain in the sacroiliac area, slightly improved after removal of hardware. Physical exam shows tenderness over the sacroiliac area, and a positive Patrick test. Medications include fentanyl, Norco, alprazolam, tizanidine and Voltaren gel. X-rays of the sacroiliac joints revealed spurring of the joints along with sclerosis around both joints. Medical records show that patient had prior diagnoses of sacroiliitis and piriformis syndrome in 2006, and was given injections. The surgeon requested CT scans of both SI joints, followed by injections of the joints with a long-lasting corticosteroid.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF BOTH SACROILIAC JOINTS: Upheld

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), Hip/Pelvis, Sacroiliac Joint Blocks.

Decision rationale: The ODG states that imaging studies are not helpful in the diagnosis of sacroiliac pain that is being considered for sacroiliac injections. Rather history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings, and blocks should be performed under fluoroscopy. The request for a CT scan of the sacroiliac joints is not consistent with guideline recommendations. Therefore, the request for a CT scan of the sacroiliac joints is not medically necessary and appropriate.