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| Case Number: | CM13-0025784 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 07/12/1999 |
| Decision Date: | 02/18/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

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 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 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:

This is a female patient with a date of injury of 7/12/99. A utilization review determination dated 8/30/13 recommends non-certification of a repeat sacroiliac joint injections lumbar spine. A progress report dated 8/16/13 identifies subjective complaints including 7/10 pain. Last office visit pain was 2-3/10. She is s/p bilateral SI joint injections done 5/8/13, "with which she reports she has had 100%, but now her pain is back to levels before the injection. After her injections, she was able to decrease her Xodol to 4 tabs per day. With her pain returning she has had to increase her Xodol 10/300 back up to 7-8 a day." Objective examination findings identify lumbar tenderness, distraction test positive, Patrick's FABER test positive bilaterally, Yeoman's test positive bilaterally, Gillette's test positive bilaterally. Diagnoses include back pain and sacroilitis. Treatment plan recommends bilateral SI joint injections, as the last SI joint injections gave her 100% relief in May 2013. A progress report dated 6/14/13 noted 7/10 pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Sacroiliac Joint Injection Lumbar Spine: 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), Treatment Index, 10th Edition, (web), 2012, Hip- 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), Hip & Pelvis Chapter, Sacroiliac joint blocks.

Decision rationale: Regarding the request for repeat sacroiliac joint injection, California MTUS does not address the issue. ODG supports repeat injections if there has been at least 70% pain relief for at least 6 weeks. Within the documentation available for review, the provider notes that the patient had 100% relief from the injection, but the office notes document that the patient's pain was back up to 7/10 less than 6 weeks later. As such, the ODG criteria for repeat SI joint injections have not been met. In light of the above issues, the currently requested repeat sacroiliac joint injection is not medically necessary.