

Case Number:	CM13-0031234		
Date Assigned:	12/04/2013	Date of Injury:	12/08/1999
Decision Date:	02/06/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family Practice, and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 12/08/1999. The patient is diagnosed with left sacroiliitis and status post Anterior Cervical Discectomy and Fusion. The patient was seen by [REDACTED] on 09/04/2013. The patient reported persistent left sacroiliac joint pain. Physical examination revealed positive compression testing, as well as Gaenslen's indicative of a left sacroiliitis. Treatment recommendations included a left SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI 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).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) / American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition practice guidelines state, invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Official

Disability Guidelines state history and physical should suggest the diagnosis and there should be documentation of a failure to respond to at least 4 weeks to 6 weeks of aggressive conservative therapy. As per the clinical notes submitted, the patient has undergone sacroiliac joint injections in the past. It was noted by [REDACTED] on 07/24/2013, the patient felt greater than one year of relief following an SI joint injection. However, documentation of at least greater than 70% pain relief for 6 weeks following the injection was not provided. Therefore, the patient does not currently meet criteria for a repeat injection. As such, the request is non-certified.