

Case Number:	CM13-0032831		
Date Assigned:	12/20/2013	Date of Injury:	10/10/2012
Decision Date:	02/28/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 10/10/2012. The mechanism of injury was stated to be the patient slipped and fell on some liquid soap. The patient was noted to have significant pain. The Faber's test was positive for joint pain. The patient was noted to be tender to palpation over the SI joints bilaterally, reproducing the symptoms. The patient's diagnosis was noted to include sacroiliac syndrome. The recommendation was for an SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for bilateral sacroiliac joint injections with IV sedation and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC, Hip and Pelvic chapter.

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, Intra-articular steroid hip injection.

Decision rationale: Official Disability Guidelines do not recommend an intra-articular steroid hip injection in early hip osteoarthritis. It is further stated that, if an intra-articular steroid hip injection is used, it should be used in conjunction with fluoroscopic guidance. The Faber's test was positive for joint pain. The patient was noted to be tender to palpation over the SI joints

bilaterally, reproducing the symptoms. There is a lack of documentation indicating the necessity for IV sedation. The patient was not noted to have osteoarthritis to support the injection. Given the above, the request for bilateral sacroiliac joint injections with IV sedation and fluoroscopy is not medically necessary.