

Case Number:	CM13-0033393		
Date Assigned:	12/20/2013	Date of Injury:	04/16/2010
Decision Date:	04/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine & Rehabilitation 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 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 is a 50-year-old female who reported an injury on 04/16/2010. The mechanism of injury was not provided for review. The patient's treatment history included multiple medications, a TENS unit, and a home exercise program. The patient's most recent clinical evaluation documented that the patient had tenderness over the sacroiliac joint on the left side, with a positive sacroiliac joint compression test on the left side, and a left Gaenslen's and Gillett test on the left side, with all tests being negative on the right side. The patient's diagnoses included left sacroiliac joint dysfunction, chronic lumbar strain, lumbar disc disease, and blurry vision in both eyes. The patient's treatment plan included continuation of a home exercise program, medications, and use of a TENS unit. The request was made for a diagnostic left sacroiliac joint intra-articular injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT SACROILIAC JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP AND PELVIS CHAPTER, SACROILIAC JOINT BLOCKS

Decision rationale: The requested outpatient sacroiliac joint injection under fluoroscopic guidance is medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends sacroiliac joint injections for patients who have failed to respond to conservative treatments, to have positive clinical exam findings of sacroiliac joint dysfunction. The clinical documentation submitted for review does indicate that the patient has a positive left-sided sacroiliac compression test, Gillett's test, and Gaenslen's test. Additionally, it is noted that the patient has failed to respond to a home exercise program, a TENS unit, and medication management. Therefore, a sacroiliac joint injection would be supported. As such, the requested sacroiliac joint injection under fluoroscopic guidance is medically necessary or appropriate.