

Case Number:	CM13-0034310		
Date Assigned:	12/18/2013	Date of Injury:	12/06/2012
Decision Date:	03/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery 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:

The claimant is a 34-year-old female who sustained an injury to the low back in a work related accident on December 6, 2012. The clinical records available for review in this case included a recent September 19, 2013 assessment by [REDACTED] who noted that the claimant continued with ongoing complaints of low back pain, left sacroiliac (SI) joint, piriformis pain and radiating left leg pain. He noted that the claimant had recently undergone acupuncture, chiropractic care, medication management and activity restrictions. Physical examination showed restricted lumbar range of motion at endpoints with tenderness over the paravertebral and sacroiliac joints to the left with no other formal findings documented. Given the claimant's current clinical presentation and assessment, an SI joint injection on the left was recommended. Records do not indicate prior imaging for review in this case.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sacroiliac joint blocks.

Decision rationale: According to the Official Disability Guidelines, injections to the SI joint are based on eliminating other possible pain generators and demonstrating physical examination that is supportive of a diagnosis of SI joint dysfunction with noted three pertinent findings per a list provided by ODG criteria. The records in this case only indicate SI joint tenderness to palpation with no other specific findings correlating the claimant's pain complaints with the SI joint. The current clinical presentation would not rule out potentially other forms of pain generators. The specific request for the injection in question would not be indicated. Therefore, the request is not medically necessary or appropriate.