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| Case Number: | CM13-0035438 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 03/25/2009 |
| Decision Date: | 02/07/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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 patient is a 54-year-old female with a reported injury day of 03/25/09. Her previous diagnosis is noted as a lumbar sprain. Recent electrodiagnostic studies in August of 2013 showed abnormalities of L4 and L5 sensory function on the right and L5 sensory function on the left. The most recent MRI of June of 2013 showed a fusion at L5-S1. Records suggest the patient underwent a previous fusion from L4 to the sacrum with subsequent hardware removal. The patient has reported diffuse tenderness from L3 to the sacrum and the posterior thigh. A diagnostic sacroiliac injection has been requested. Notably, records indicate that the patient has had a previous sacroiliac injection, which only provided relief for three days.

IMR ISSUES, DECISIONS AND RATIONALES

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

right sacroiliac joint injection (without steroids): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Hip and Pelvis (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: A repeat sacroiliac injection cannot be recommended as medically necessary. The treating provider suggests that the prior SI joint injection was given with corticosteroids and the provider claimed that that made it difficult to determine whether the benefit was from the steroids or the local anesthetic injected into the sacroiliac joint. This rationale is completely unsubstantiated. Regardless, a corticosteroid injection would be provided to lessen inflammation in the joint and should be affective for several weeks if it is treating pathology in the joint. It makes absolutely no sense to inject the joint without steroids given the failure of a prolonged response with corticosteroids. Guidelines generally do not allow for repeat injection unless the patient has had at least 50 to 70 percent relief for at least 4 to 6 weeks following the injection. Accordingly, a repeat injection with either steroids or a local anesthetic cannot be recommended as medically necessary.