

Case Number:	CM13-0038898		
Date Assigned:	12/18/2013	Date of Injury:	07/18/2008
Decision Date:	02/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/01/2013

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 and Rehabilitation and is licensed to practice in New York and 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 61-year-old male who reported injury on 07/18/2008. The mechanism of injury was not provided. The patient was noted to undergo a left sacroiliac joint block on 08/09/2013. The patient's pain was noted to be 3/10 to 4/10 on 08/12/2013. The patient's diagnoses were noted to be left sacroiliac pain and gluteal pain. The request was made for a left sacroiliac block with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac block with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Hip and Pelvis (updated 6/12/13)

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, Sacroiliac Joint

Decision rationale: Official Disability Guidelines indicate that the patient should have documentation of 3 positive exam findings including 3 of the following: a cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Gillet's test, Patrick's test, Faber test, pelvic compression test, Pelvic Distraction Test; Pelvic Rock Test; resisted abduction test;

sacroiliac shear test; standing flexion test; seated flexion test; or a thigh thrust test. Additionally, there should be documentation that the patient, in the therapeutic phase, has received at least greater than 70% pain relief for 6 weeks. The clinical documentation submitted for review failed to provide documentation of physical examination with objective findings to support the request. The patient was noted to have pain of a 3/10 to 4/10 on 08/12/2013, three days post procedure. There was a lack of documentation indicating the patient had 70% pain relief for 6 weeks. Given the above, the request for left sacroiliac block with fluoroscopy is not medically necessary.