

Case Number:	CM13-0040530		
Date Assigned:	12/20/2013	Date of Injury:	07/08/2011
Decision Date:	03/20/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 49-year-old male who reported a work-related injury on 7/8/11. The mechanism of injury was not provided. The most recent documentation was dated 2011. The patient's diagnosis was noted to be other disorders of the cervical region

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a right sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines recommend sacroiliac joint blocks as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy, including physical therapy, home exercises, and medication management. The patient should also have a history and physical that suggests a diagnosis which includes documentation of at least three positive examination findings, including a one leg stork test, Faber's test, pelvic compression test, flamingo test, pelvic rock test, pelvic distraction test, sacroiliac shear test, standing flexion test, and a thigh thrust test, to include a few. Diagnostic evaluation must first address any other

possible pain generators. There was a lack of documentation from 2013 with objective findings to support the request. Given the above, the request for a right sacroiliac joint injection is not medically necessary.