

Case Number:	CM13-0043689		
Date Assigned:	12/27/2013	Date of Injury:	08/30/2007
Decision Date:	02/19/2014	UR Denial Date:	09/28/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 60-year-old female who reported an injury on 08/30/2007. The mechanism of injury was stated to be the patient got in a seat and the seat malfunctioned. The patient was noted to have injury to her back. The patient was noted to have undergone a right sacroiliac joint injection on 08/20/2013. The patient was noted to have relief from the injection for approximately 1 day. The patient's diagnoses were noted to include pain in the low back, closed dislocation of the sacrum and instability of the sacroiliac. The request was made for a sacroiliac joint injection on the right, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injection, right QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, Intra-articular steroid hip injection (IASHI).

Decision rationale: Official Disability Guidelines do not recommend steroid hip injections in early osteoarthritis; however, it is recommended as an option for short-term pain relief and hip

trochanteric bursitis. The clinical documentation indicated that the patient was noted to have an increased stability in walking, less leg weakness, and intermittent pain relief. The patient was noted to be able to markedly increase the ability to perform activities of daily living and was able to sit through an entire dinner which was something the patient was not able to do for many years. The request was made for a repeat therapeutic right SI joint injection for improved pain control and function. The clinical documentation failed to indicate the duration the relief from the injection lasted. The physician indicated per the documentation that he was requesting a therapeutic injection. The submitted request was for a sacroiliac joint injection and was not indicated to be a therapeutic injection. The request as submitted for a sacroiliac joint injection on the right, quantity 1 is not medically necessary.