

Case Number:	CM13-0045218		
Date Assigned:	12/27/2013	Date of Injury:	11/15/2003
Decision Date:	03/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 was injured on November 5, 2003. The patient continued to experience low back pain, left buttock pain, left hip pain, and bilateral knee pain. Diagnoses included sacroiliitis, piriformis syndrome, trochanteric bursitis, lumbar degenerative disc disease, and myofascial pain. Treatment included and steroid injections into the left sacroiliac joint, piriformis muscle, and trochanteric bursa. Injections were performed on September 12, 2012 and January 22, 2013, giving the patient significant pain relief. The patient had been awaiting a decision for sacroiliac fusion for 6 months. Request for authorization for left sacroiliac joint, piriformis and trochanteric injection was submitted on October 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left sacroiliac joint, piriformis and trochanteric injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Injections, trochanteric Bursitis Injections, Piriformis Injections.

Decision rationale: In this case there is documentation of two injections on September 12, 2012 and January 22, 2013 with moderate relief. There is no documentation of an injection in September 2013. The patient was awaiting decision for authorization for sacroiliac fusion. On the visit dated September 18, 2013, the documentation indicates that the patient was still having pain and that there was no response to the request for the sacroiliac fusion. There is no documentation of an injection during that visit or the following visit on October 16, 2013. The patient had achieved significant relief in the past with the injections. Criteria are met for authorization for the injection.