

Case Number:	CM13-0049463		
Date Assigned:	12/27/2013	Date of Injury:	08/12/2000
Decision Date:	03/26/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Neurology, has a subspecialty in Neurosmuscular 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:

██████████ is a 55 year old woman who sustained a work-related injury on August 12, 2000. She subsequently developed lower back pain, left foot pain and right knee pain. According to the note of October 31, 2013, the patient was complaining of back, left foot and right knee pain. The patient was diagnosed with disorders of the sacrum, sacroiliitis, sciatic nerve lesion, plantar nerve lesion, and reflex sympathetic dystrophy. The patient was treated with Neurontin, Norco, Fentanyl patch, Fioricet, Voltaren Gel and Soma. There is no documentation of physical examination in the note dated on October 31 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for bilateral SI injection under fluoroscopy: Upheld

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

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

Decision rationale: According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. The history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure

of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 blocks is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for Bilateral SI injection under fluoroscopy injection is not medically necessary.