

Case Number:	CM13-0050008		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2010
Decision Date:	08/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in 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 expert 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 injured worker is a 46-year-old female injured on 01/22/10 due to undisclosed mechanism of injury. Current diagnoses included degeneration of cervical intervertebral disc, cervical radiculopathy, cervicgia and cervical stenosis. The injured worker underwent anterior cervical discectomy and arthrodesis in 04/14. Clinical note dated 05/21/13 indicated the injured worker presented complaining of left low back pain described as throbbing, aching, and stabbing. The injured worker rated her pain 8/10 radiating down the left lower extremity. Physical examination of the lumbar spine revealed severe tenderness at the left sacroiliac joint with slightly antalgic gait. Treatment plan at that time included sacroiliac joint injection, magnetic resonance image of the lumbar spine, and ongoing follow up. The injured worker underwent cervical injection and eventually surgical intervention. Clinical note dated 06/12/13 indicated the injured worker continued to complain of sacroiliac joint tender. The initial request for sacroiliac joint injection was not medically necessary on 11/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Treatment in Worker's Compensation, Hip and Pelvis Chapter.

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 (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: Current guidelines indicate injured worker must fail 4-6 weeks of aggressive physical therapy prior to sacroiliac (SI) joint injections. Additionally, specific objective provocative tests must be documented to meet criteria for SI joint pain. The documentation failed to establish these objective findings. As such, the request for sacroiliac injection cannot be recommended as medically necessary.