

Case Number:	CM13-0050110		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2010
Decision Date:	06/04/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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, 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 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 records presented for review reflect that a left sided sacroiliac joint fusion has been completed. As a sequelae to this procedure there is right-sided pain. Also noted is a bilateral radicular symptomology. The records also reflect that chiropractic care had been completed prior to the surgical intervention. A CT scan of the pelvis completed in November, 2013 noted the disc rotation for the left sacroiliac joint fusion and no specific abnormality of the right sacroiliac joint. The most recent progress note presented for review indicates ongoing right sided low back pain. There are no radicular findings identified. Muscle relaxant and analgesic medications are being prescribed. A decrease in lumbar spine range of motion is noted. There is tenderness to palpation, motor and sensory are intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT DIAGNOSTIC SACROILIAC INJECTION, ONE-TWO SETS: 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) - Treatment for Workers' Compensation, Online Edition, Chapter: Hip & Pelvis, Sacroiliac joint blocks.

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 (acute & chronic) updated March 25, 2014.

Decision rationale: When noting the prior surgical history, taking into account the most current enhanced imaging study (CT scan), as well as the most recently reported physical examination, there is insufficient clinical data presented to support this request. There is no documentation of appropriate positive studies and there is no diagnostic evaluation of any other possible pain generators, particularly in the face of degenerative disc disease, lumbar spine and lumbar facet joint disease. Additionally, only one injection at a time could possibly be approved and the request is for more than that. This request is not medically necessary.