

Case Number:	CM13-0050256		
Date Assigned:	12/27/2013	Date of Injury:	05/26/2012
Decision Date:	04/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 24 year old male with date of injury 5/26/12. The treating physician report dated 9/6/13 indicates that the patient has pain affecting the thoracic spine 5/10, lumbar pain 5/10 and left hip/thigh pain that is occasional 2-6/10 that radiates to the back, knee and leg. The current diagnosis is lumbar sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC JOINT INJECTION: Upheld

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

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

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, posterior aspect of the left hip and down the lateral aspect of the left leg to the mid-thigh with no paresthesia reported. Physical examination findings include point tenderness over the left sacroiliac joint, negative straight leg raise, deep tendon reflexes were equal and 2+ bilaterally. Sensation was intact in both lower extremities. The California MTUS guidelines do not address

sacroiliac joint injections so the Official Disability Guidelines were consulted. The first criteria for the use of sacroiliac blocks state that the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). There are no examination findings to support a sacroiliac joint block and there is no diagnosis of sacroiliac joint dysfunction. The reports reviewed do not support the criteria as outlined in the ODG. Therefore, the requested left sacroiliac joint injection is not medically necessary.