

Case Number:	CM13-0054572		
Date Assigned:	01/15/2014	Date of Injury:	09/29/2009
Decision Date:	04/25/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of September 29, 2009. A utilization review determination dated November 8, 2013 recommends non-certification of L SI Joint Injection. The previous reviewing physician recommended non-certification of L SI Joint Injection due to lack of documentation of current clinical findings indicating the patient's medical status and positive examination findings. A Qualified Medical Evaluation dated March 12, 2013 identifies Present Complaints of pain in the right SI joint aggravated by exertion and weight bearing activities. Examination of the SI Joint identifies tenderness over the left SI joint. Diagnoses identify right SI joint inflammation. Future Medical Care identifies injections for the right SI joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

L SI 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 Hip and Pelvis Chapter, Sacroiliac Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Sacroiliac Blocks

Decision rationale: Regarding the request for L SI Joint Injection, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, while there is mention of left SI joint tenderness, the examination appears to address the right SI joint. There is no indication of at least three positive examination findings involving the left SI joint suggesting a diagnosis of sacroiliac joint dysfunction. Additionally, there is no documentation of failure of at least 4 to 6 weeks of aggressive conservative therapy. In the absence of such documentation, the currently requested L SI Joint Injection is not medically necessary.