MAXIMUS Federal Services

Case Number:	CM13-0055575		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2002
Decision Date:	03/31/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Practice, 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:

The patient is a 32 year old male who reported an injury on 03/27/2002. The mechanism of injury was not specifically stated. The patient was diagnosed with sacroiliitis, lumbar postlaminectomy syndrome, lumbar disc degeneration and thoracic/lumbosacral neuritis/radiculitis. The patient was recently seen by [redacted] on 12/10/2013. The patient had been cleared to return to full duty. The patient reported 5/10 pain. The patient reported significant relief following trigger point injections into the lumbar spine. Physical examination revealed lumbar spasms and trigger points. Treatment recommendations included a urine drug screen and a lumbar trigger point injection with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One SI injection with ultrasound guidance: 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

Decision rationale: The Official Disability Guidelines state that the patient's history and physical should suggest the diagnosis with documentation of at least 3 positive examination

findings. As per the documentation submitted, the patient was previously treated with sacroiliac joint injections in the past. Documentation of greater than 70% pain relief for at least 6 weeks following the initial injection was not provided. There is no documentation of a failure to respond to at least 4 to 6 weeks of aggressive conservative therapy. There was also no documentation of at least 3 positive examination findings. The medical necessity for the requested procedure has not been established. Therefore, the request is not medically necessary and appropriate.