

Case Number:	CM13-0056016		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2007
Decision Date:	05/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 05/04/2007. The mechanism of injury involved a fall. The injured worker is currently diagnosed as status post closed head trauma, bilateral shoulder internal derangement, chronic right hip pain, multilevel severe lumbar spondylosis with lumbar "sciatic" and weakness, painful right foot mass, status post ACDF times 2, status post bilateral carpal tunnel release, right knee internal derangement, leg length shortening with abnormal gait, major depressive disorder, severe gastritis, and history of medication-induced transaminase elevation. The injured worker was seen by [REDACTED] on 10/29/2013. The injured worker reported severe right lower extremity pain. Physical examination revealed restricted range of motion of the right lower extremity with moderate SI joint tenderness and positive Patrick's and Gaenslen's testing. Treatment recommendations included authorization for a right sacroiliac joint intra-articular steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INTRA-ARTICULAR STEROID 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, LOW BACK 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 Chapter

Decision rationale: The Official Disability Guidelines state intra-articular steroid hip injections are not recommended in early hip osteoarthritis, and are currently under study for moderately advanced or severe hip osteoarthritis. The injured worker does not maintain a diagnosis of hip osteoarthritis. Therefore, the injured worker does not meet criteria for the requested service. As such, the request for RIGHT SACROILIAC JOINT INTRA-ARTICULAR STEROID INJECTION is non-certified.