

Case Number:	CM13-0063536		
Date Assigned:	12/30/2013	Date of Injury:	02/22/2008
Decision Date:	05/10/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 patient with a date of injury of 2/22/08. A 10/8/13 medical report identifies increasing pain in the low back. On exam, there is mild paralumbar muscle spasm with right SI joint tenderness, and positive straight leg raise on the right. Lower extremity strength is 4/5 on the left, and 5/5 on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

KENALOG/BUPIVACAINE INJECTION TO THE RIGHT SI JOINT: 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 California MTUS does not address the issue. The Official Disability Guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy, there are at least three positive exam findings, and other possible pain generators have been addressed. Within the documentation available for review, there is no indication of at least three positive examination findings suggestive of a diagnosis of

sacroiliac joint dysfunction. In the absence of such documentation, the request is not medically necessary.