

Case Number:	CM13-0066651		
Date Assigned:	01/03/2014	Date of Injury:	04/24/2011
Decision Date:	04/23/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Internal Medicine and Pulmonary Medicine, 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 23-year-old female who reported an injury on 04/24/2011 due to a fall and reportedly sustained an injury to her low back. The patient underwent a course of physical therapy and over-the-counter acetaminophen in 06/2011. However, more aggressive therapy was delayed due to pregnancy. The patient's most recent clinical evaluation documented that the patient had continued right buttock pain radiating into the right lower extremity. Physical findings included tenderness to palpation over the right sacroiliac joint with a positive Yeoman test, a positive hip thrust maneuver, and a positive Gaenslen's test on the right. The patient's diagnoses included sacroiliitis and lumbar radiculitis. The patient's treatment plan included a right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis, (updated 6/12/13), Sacroiliac Joint Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Joint Blocks

Decision rationale: The Official Disability Guidelines recommend right sacroiliac joint injections for patients who have positive physical exam findings supporting sacroiliac joint dysfunction and have failed to respond to conservative therapy. The clinical documentation submitted for review does indicate that the patient underwent a course of physical therapy and medication usage for pain control in 2011. However, there is no recent documentation of aggressive conservative therapy for this patient. Therefore, the need for a right sacroiliac joint injection is not supported. As such, the requested right sacroiliac joint injection is not medically necessary or appropriate.