

Case Number:	CM13-0066881		
Date Assigned:	01/03/2014	Date of Injury:	01/12/2007
Decision Date:	05/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 Interventional Spine 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 a 52 year old male with date of injury 1/12/07. The treating physician report dated 12/3/13 indicates that the patient presents with pain affecting the right cervical spine radiating into the right shoulder and significant flaring of post-surgical lower back pain with radiation down the right leg to the foot rated an 8/10. The current diagnoses are C4/5 and C5/6 DDD with stenosis; Status post L3-S1 discectomy and ALIF with cage and instrumentation; L4-S1 pseudarthrosis; Right shoulder rotator cuff tear vs. impingement syndrome; Cervical radiculopathy, right arm; Right leg radiculopathy; and Right sacroiliac joint dysfunction. The utilization review report dated 12/12/13 denied the request for right sacroiliac injection based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INJECTION WITH ARTHROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS guidelines do not address sacroiliac joint injections. The Official Disability Guidelines (ODG) does recommend SI joint injections with specific criteria. The first criteria for the use of sacroiliac blocks state, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above)." The treating physician states the patient complains of lumbar pain and radicular pain and has tenderness to palpation of the right S/I joint. However there are no motion palpation or pain provocation examination findings to support a diagnosis of S/I joint dysfunction which is the first criteria for S/I joint blocks. The treating physician failed to document the necessary criteria for performing a sacroiliac block. The request for a right Sacroiliac joint injection with arthrogram is not medically necessary and appropriate.