

Case Number:	CM13-0067339		
Date Assigned:	01/03/2014	Date of Injury:	01/25/2013
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in 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 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 36-year-old female who reported an injury on January 25, 2013. The mechanism of injury was noted to be a fall. She was diagnosed with sacroiliac pain and low back pain. Her symptoms include pain in the low back and hip area. She had been treated previously with chiropractic care. Her physical examination findings include mildly decreased range of motion of the lumbar spine, tenderness to palpation of the spinous processes at the L3-5 levels, as well as in the paravertebral muscles of the iliolumbar region at L4-5 and L5-S1 on the right and tenderness of the sacrosiatic notch. She was also shown to have decreased sensation in the right lower extremity in a stocking and glove distribution

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac (SI) Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Sacroiliac joint blocks

Decision rationale: According to Official Disability Guidelines, sacroiliac blocks may be recommended for patients with documentation of at least three (3) positive orthopedic test results from the documented list such as a positive Gaenslen's test, Patrick's test, or pelvic rock test. Additionally, the documentation needs to show that other possible pain generators have been evaluated first and the patient needs to have failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. The clinical information submitted for review indicated the patient had previously been treated with chiropractic care; however, it is unclear whether the patient has been treated with active therapeutic exercise such as physical therapy or home exercise for at least 4 to 6 weeks. Additionally, the documentation did not show at least three (3) positive exam findings from the listed diagnostic tests suggestive of sacroiliac joint pain listed by the Official Disability Guidelines. In the absence of this documentation, the request is not supported.