

Case Number:	CM13-0069688		
Date Assigned:	01/03/2014	Date of Injury:	05/21/2011
Decision Date:	06/04/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation 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 injured worker is a 44-year-old male who reported an injury on 05/21/2011, while pulling lumber from a chain conveyor. Current diagnoses include neck pain, cervical radiculopathy, carpal tunnel syndrome, myofascial pain syndrome, fibromyalgia, sacroiliitis, low back pain and shoulder pain. The injured worker was evaluated on 11/20/2013. The injured worker was status post right sacroiliac injection on 10/29/2013. The injured worker reported persistent pain in the neck with radiation to the right upper extremity as well as low back pain with radiation to the right lower extremity. Physical examination revealed limited lumbar range of motion, positive Gaenslen's testing, positive Faber testing, positive sacroiliac tenderness on the right, multiple trigger points, global weakness in the right upper and lower extremity, and decreased sensation. Treatment recommendations included an additional sacroiliac injection on the right

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BILATERAL SACROILIAC INJECTIONS: 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 ODG, Hip & Pelvis Chapter, Sacroiliac Joint Block.

Decision rationale: Official Disability Guidelines state a history and physical should suggest a diagnosis with documentation of at least 3 positive examination findings prior to a sacroiliac joint block. There should also be evidence of failure of at least 4 to 6 weeks of aggressive conservative therapy. As per the documentation submitted, the injured worker has been previously treated with a right sacroiliac joint block. However, there was no documentation of at least greater than 70% pain relief for 6 weeks following the initial injection that would warrant the need for a repeat block. There is also no mention of failure to respond to 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. Based on the clinical information received, the request is not medically necessary.