

Case Number:	CM13-0072531		
Date Assigned:	01/17/2014	Date of Injury:	05/01/2012
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/31/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 41 year old male who reported a motor vehicle accident on 05/01/2012. In the document provided for review, it was noted that the injured worker complained of neck and low back pain on 12/02/2013. The pain level was reported as 7-9/10. There was no documentation of a physical examination. The treatment plan included a request for a SI joint injection due to positive signs of sacroillitis and Faebbers. The document also annotated that the injured worker had a positive left standing SI joint stress test on 09/12/2013. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROIALIAC JOINT INJECTION: 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) Hip, 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, Sacroiliac joint blocks.

Decision rationale: The request for sacroiliac joint injection is not medically necessary. The Official Disability Guidelines (ODG) state the injured worker has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The guidelines also state there should be history and physical evidence of the suggested diagnosis. In the documentation provided there is only the annotation of a positive Faebbers test and there is a lack of documentation of failed aggressive conservative therapy including PT, home exercies and medication for at least 4-6 weeks. Therefore, the request for sacroiliac joint injection is not medically necessary.

PAIN MANAGEMENT FOLLOW UP VISIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic pain programs Page(s): 30.

Decision rationale: The request for pain management follow up visit is non-certified. The Chronic Pain Medical Treatment Guidelines, state pain management is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. In the document provided there is a lack of documentation for a need for pain management follow-up. It is unclear if the injured worker was noted at being at risk of delayed recovery. Therefore, the request for pain management is not medically necessary.