

Case Number:	CM14-0000350		
Date Assigned:	01/10/2014	Date of Injury:	12/19/2006
Decision Date:	06/13/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi and Texas. 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 claimant is a 49-year-old female who was injured on December 19, 2006. The mechanism of injury is documented as occurring when altercation broke out with an inmate and the claimant fell and struck the head and back on a metal door. The current diagnosis is bilateral sacroiliitis. Previous treatment has included bilateral sacroiliac joint injections under fluoroscopy on March 7, 2013, physical therapy, medications, diagnostics, the TENS unit, cold/heat. The examination documents tenderness palpation over the sacroiliac joints and a positive Patrick's test. The review in question was rendered on December 23, 2013. The reviewer denies the request noting that no specific documentation regarding the amount of relief or duration of relief from the previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACRAL ILIAC 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM recommends the use of sacroiliac joint injections for chronic sacroiliitis when there is a known cause of the inflammation such as proven rheumatologic

inflammatory arthritis involving the sacroiliac joints. However, the ACOEM specifically recommends against the use of sacroiliac joint injections for the treatment of acute, subacute, and chronic low back pain when there is not evidence of inflammatory sacroiliitis (rheumatologic disease). As such, the request is considered not medically necessary.