

Case Number:	CM14-0005025		
Date Assigned:	02/05/2014	Date of Injury:	03/08/2001
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of March 8, 2001. A utilization review determination dated December 26, 2013 recommends non-certification of bilateral sacroiliac joint injection. The previous reviewing physician recommended non-certification of bilateral sacroiliac joint injection due to lack of documentation of 2 additional objective findings and failure of additional conservative therapy. The patient underwent sacroiliac joint injection on October 14, 2013. An Evaluation dated December 16, 2013 identifies History of Present Illness of feeling that SI joint injection is beginning to wear off. The patient had greater than 70% relief up until about a week ago then injection has slowly been decreasing. Injections plus medication allow the patient to manage pain and remain active, functional, and working a full time basis. Musculoskeletal Exam identifies tender bilateral SI joints. The FABER was positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC JOINT INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Sacroiliac Blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Low Back, Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for bilateral sacroiliac joint injection, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. In addition, guidelines state the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. Within the documentation available for review, there is mention that the patient obtained greater than 70% relief with previous sacroiliac joint injection for almost 2 months. As such, the currently requested bilateral sacroiliac joint injection is medically necessary.