MAXIMUS Federal Services

Case Number:	CM14-0014503		
Date Assigned:	02/28/2014	Date of Injury:	02/28/2010
Decision Date:	06/27/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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 case involves a female patient, with a date of injury of 02/28/10. There is long standing low back pain. The new primary treating physician has documented several signs and symptoms consistent with possible sacroiliac pain. In addition, the diagnoses include radiculopathy (an MRI was requested) and left hip pain (an hip x-ray was requested). The injection request is made prior to a full medical evaluation of the other diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - HTTPS://WWW.ACOEMPRACGUIDES.ORG/LOW BACK; TABLE 2, SUMMARY OF RECOMMENDATIONS, LOW BACK DISORDERS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HIP AND PELVIS (ACUTE AND CHRONIC) (UPDATED 12/4/13), SACROILIAC BLOCKS.

Decision rationale: The Official Disability Guidelines specifically address this issue and one of the firm criteria before trialing sacroiliac injections is that other potential pain generators be

reasonably ruled out. This is the basis of the prior utilization review (UR) denial and the denial rationale appears reasonable. The current diagnosis includes a radiculopathy and left hip pain in addition to the sacroilitis. Tests are pending in association with the other diagnosis, which makes the request for the sacroiliac injections a bit pre-mature and not medically necessary at this time.