

<b>Case Number:</b>	CM14-0015875		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	10/31/2001
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 50 year-old female with a 10/31/2001 industrial injury claim. She has been diagnosed with lumbar post-laminectomy syndrome. The IMR application shows the patient disputes the 1/9/14 UR decision on IV sedation. The 1/9/13 UR letter authorizes a left SI joint injection, but denies the IV sedation for the SI injection. The UR decision was based on the 12/17/13 medical report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **IV SEDATION FOR REQUESTED LEFT SACROILIAC JOINT INJECTION QTY:**

**1.00:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip Chapter, SI Joint Blocks.

**Decision rationale:** The patient presents with low back pain, and UR has approved a left SI joint injection. UR was correct in that MTUS/ACOEM do not specifically discuss IV sedation for SI

joint blocks, but UR cites a review article on IV sedation for cervical and lumbar diagnostic facet blocks, which still does not address necessity of IV sedation for SI joint blocks. In this case, the highest ranked review standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice. The SI joint block is different from a facet joint block, and it does appear that IV sedation for the SI joint blocks is generally accepted standard of medical practice. Therefore, the request is medically necessary.