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| Case Number: | CM14-0112461 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 07/01/2013 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 06/17/2014 |
| Priority: | Standard | Application Received: | 07/17/2014 |

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 and is licensed to practice in 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:

Medical records reflect the claimant is a 22 year old male who sustained a work injury on 7-1-13. On this date, the claimant was lifting beer cases. The claimant has an MRI that shows a 5 mm disc protrusion at L4-L5 and 5 mm central protrusion at L5-S1. No evidence of stenosis. The claimant has completed 6 physical therapy sessions without benefit. The claimant has also had acupuncture without documentation of benefit. On exam on 5-19-14, the claimant had positive SLR not eh left that produced back pain, facet loading was positive. Sensation was intact and strength was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INJECTION WITH FLUROSCOPY X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HIP AND PELVIS

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 chapter

Decision rationale: The ODG notes Criteria for the use of sacroiliac blocks: The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. There is an absence in documentation noting that this claimant has failed aggressive physical therapy at the sacroiliac joint or that other pain generators have been excluded. This claimant has a 5 mm disc protrusion at L4-L5 and L5-S1. A physical exam was not conclusive for sacroiliac joint pain. Therefore, the medical necessity of this request is not established.