

Case Number:	CM14-0117968		
Date Assigned:	09/05/2014	Date of Injury:	05/15/2012
Decision Date:	10/02/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 Pennsylvania. 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 27-year-old female who sustained an injury on May 15, 2012. The medical records provided for review document current complaints of low back and sacroiliac joint pain. The May 19, 2014 progress report noted that the claimant was two weeks status post bilateral sacroiliac joint injections that provided only one day of 100 percent relief; the symptoms continue to persist. There was no long-term benefit noted from either injection. Physical examination on that date revealed tenderness to the left greater than right sacroiliac joint on palpation; there was no other formal documentation of findings noted. The claimant was diagnosed with bilateral sacroiliitis. The recommendation was made for repeat sacroiliac joint injections as well as a request for post-injection physical therapy and preoperative blood work prior to the injection procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Preoperative Complete Blood Count to Include Prothrombin and Partial Thrombin Time and Bleeding Time Tests: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, integrated Treatment Disability Duration Guidelines, Office Visits-Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The request for bilateral sacroiliac joint injections under fluoroscopy is not recommended as medically necessary. Therefore, the request for preoperative blood work prior to the injections also would not be considered as medically necessary.

9 Postoperative Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for bilateral sacroiliac joint injections under fluoroscopy is not recommended as medically necessary. Therefore, the request for post injection physical therapy also would not be considered as medically necessary.