

Case Number:	CM14-0121324		
Date Assigned:	08/06/2014	Date of Injury:	01/15/2010
Decision Date:	09/11/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 35-year-old female whose date of injury is 01/15/2010. The mechanism of injury is not described. Treatment to date includes physical therapy, medication management, epidural steroid injections, trigger point injections and sacroiliac joint injections. The injured worker reported 100% relief for one day after sacroiliac joint injection on 11/09/12. Follow up note dated 02/25/14 indicates that Lasegue's is positive in the right lower extremity. Diagnoses are herniated nucleus pulposus at C5-6 with canal stenosis; cervical and lumbar myofascial pain; herniated nucleus pulposus with bilateral foraminal stenosis at L3-4 and L4-5; medication induced gastritis. Note dated 05/29/14 indicates that there are palpable right paraspinal muscle spasms. Her gait is normal and non-ataxic. She has positive Faber's and positive Gaenslen's on the right.

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 fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter.

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, Sacroiliac Joint Blocks.

Decision rationale: Based on the clinical information provided, the request for right sacroiliac joint injection with fluoroscopic guidance is not recommended as medically necessary. The injured worker underwent prior sacroiliac joint injection and reported 100% pain relief for only one day. The Official Disability Guidelines require documentation of 6 weeks with at least > 70% pain relief prior to repeat sacroiliac joint injections. Additionally, the injured worker's physical examination documents two positive findings on physical examination and the Official Disability Guidelines require documentation of at least 3 positive exam findings.