MAXIMUS Federal Services

Case Number:	CM14-0150650		
Date Assigned:	09/18/2014	Date of Injury:	07/17/2014
Decision Date:	10/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 45-year-old male who reported an injury on 07/17/2014. The mechanism of injury was not provided. The injured worker had diagnoses of sacroiliitis, lumbar facet syndrome, and lumbar radiculopathy. Past medical treatment included physical therapy and medications. Diagnostic testing included an MRI of the lumbar spine done on 07/29/2014 and an x-ray of the right hip on 08/07/2014. Surgical history was not provided. The injured worker complained of severe low back pain rated 6/10 on the pain scale on 08/21/2014. The injured worker had also developed formication of his left foot which he described as tingling and burning. The physical examination of the lumbar spine revealed range of motion was 80 degrees flexion, 5 degrees extension, 15 degrees right side bending, and 20 degrees left side bending, 40 degrees right rotation, and 30 degrees left rotation. Medications included Gabapentin 600 mg and Flexeril 10 mg. The treatment plan is for 1 bilateral sacroiliac joint injection under fluoroscopic guidance. The rationale for the request was not submitted. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Sacroiliac Joint Injection under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint Blocks, Diagnosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HIP, Sacroiliac Joint Blocks.

Decision rationale: The request for 1 Bilateral Sacroiliac Joint Injection under Fluoroscopic Guidance is not medically necessary. The injured worker was diagnosed with Sacroiliitis. The injured worker complained of low back pain rated 6/10 on 08/21/2014. The Official Disability Guidelines recommend sacroiliac joint injections for patients with a history and physical which demonstrate a diagnosis of sacroiliac joint dysfunction, including at least 3 positive provocative tests upon physical examination. There should be evidence that the patient has completed and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. Blocks should be performed under fluoroscopy. There is a lack of documentation indicating the injured worker has at least 3 positive provocative tests indicative of sacroiliac joint dysfunction upon physical examination. The documentation failed to prove documentation of previous failed aggressive conservative therapy. As such the request for 1 bilateral sacroiliac joint injection under fluoroscopic guidance is not medically necessary.