

Case Number:	CM14-0159397		
Date Assigned:	10/03/2014	Date of Injury:	03/15/2011
Decision Date:	10/30/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/29/2014

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, 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 patient is a 56-year-old male with a date of injury of 03/15/2011. The listed diagnosis per [REDACTED] is sacroiliitis. According to progress report 08/04/2014, the patient presents with hip pain. It was noted that the patient was reaching for something and had a "twisting moment in his hip region which produced fairly severe pain over his right PSIS." The patient states that the pain sharp and achy in nature. Examination revealed focal tenderness to palpation over the right PSIS. There is positive Gaenslen's in the right hip region. There is localized pain directly over the right SI joint, and the patient has a positive right seated flexion test. The treater is requesting a right sacroiliac joint injection. Utilization review denied the request on 08/26/2014. Treatment reports from 03/17/2014 through 08/04/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INJECTION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guideline has the following regarding SI joint injections under its Pelvic/Hip chapter

Decision rationale: This patient presents with a recent injury to his hip region. The treater states that the patient has right sided SI joint-mediated pain and is requesting a right sacroiliac joint injection. Official Disability Guidelines (ODG) guideline has the following regarding SI joint injections under its Pelvic/Hip chapter: SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG further states, "Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings..." In this case, the patient has a diagnosis of sacroiliitis, with positive Gaenslen's, seated flexion test and tenderness over the SI joint. The reports do not show that the patient has had a trial of SI joint injection. The requested treatment is medically necessary and appropriate.