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| Case Number: | CM14-0170334 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 02/09/2013 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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 Medicine and is licensed to practice in Arizona. 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 27 year old female with a date of injury on 2/9/2013. The patient sustained injuries to the thoracic, lumbar spine, right shoulder, and right leg. Subjective complaints are of low back and bilateral buttock pain radiating to the right leg. Physical exam shows normal lumbar spine range of motion, and tender paraspinal muscles. Reflexes, strength, and sensation were documented as normal. EMG/NCS testing was within normal limits on 5/2/2014. The patient was given a sacroiliac joint injection on 6/17/2014 which provided relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/Pelvis, SI Joint Injections

Decision rationale: The Official Disability Guidelines recommends SI joint injections following failure of conservative treatment, such as four to six weeks of a comprehensive exercise program, icing, mobilization and anti-inflammatories. Official Disability Guidelines

recommends the following as criteria for the use of sacroiliac blocks: The history and physical should suggest the diagnosis and diagnostic evaluation must first address any other possible pain generators. The patient does not have record of failing recent aggressive conservative therapy including physical therapy, and home exercise. Documentation also does not clearly identify physical exam findings that suggest sacroiliac pain. In the treatment or therapeutic phase the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least greater than 70% pain relief is obtained for 6 weeks. For this patient, the records do not indicate the amount or duration of relief from the prior SI joint injection. Therefore, the medical necessity of a repeat SI joint injection is not established at this time.