

Case Number:	CM14-0171223		
Date Assigned:	10/23/2014	Date of Injury:	03/10/2005
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

This case involves a 57 year old who sustained an injury on 03/10/2005. A note indicates pain in the back and the injured worker underwent a spinal cord stimulator implant. Examination notes incisions with slight erythema and mild swelling. Assessment was post laminectomy syndrome. On 6/16/11 note indicates pain in the lumbar spine. There is severe DJD of the lumbar spine with post lumbar laminectomy. There was reported depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint injection (left side): 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/Pelvis Chapter, Sacroilac Joint Blocks

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

Decision rationale: The medical records provided for review do not document the presence of at least 3 positive physical examination findings supportive of SI joint dysfunction and does not document the failure of at least 4-6 weeks of conservative treatment including physical therapy (PT) or home exercises. Official Disability Guidelines (ODG) supports SI joint block with the

history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above; diagnostic evaluation must first address any other possible pain generators; and the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.) As such, the medical records provided for review do not support medical treatment of SI joint injection. Therefore, this request is not medically necessary.