

Case Number:	CM14-0177398		
Date Assigned:	10/30/2014	Date of Injury:	04/30/2013
Decision Date:	12/08/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/27/2014

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 & 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:

The injured worker is a 36-year-old female who reported an injury of unspecified mechanism on 04/30/2013. On 05/07/2014, her diagnoses included cervical strain with spasm, acute lumbosacral strain, back spasm, low back pain, and right sacroiliitis. Her complaints included right sided lower back pain. She rated her pain 4/10. She was taking ibuprofen of an unknown dosage. She had a normal gait pattern and was able to walk on her heels and toes. Walking on her heels aggravated the pain more than walking on her toes. On examination, there was tenderness over the right sacroiliac joint. Her lumbar ranges of motion were within normal limits. She had a positive Fabere's and Patrick's test on the right. She received a right SI joint injection on 03/25/2014. On 05/07/2014, she reported an 80% to 90% improvement in her symptoms after her injection. Her pain was aggravated by crossing her legs or any kind of strenuous activity. Rest and ibuprofen helped alleviate the pain. She rated her pain at 4/10. On palpation, there were no areas of tenderness or spasm bilaterally. The recommendation was for a second right sacroiliac joint injection. On 07/02/2012, it was noted that this worker did not show up for the second sacroiliac joint injection which was scheduled for 06/17/2014. She stated that she changed her mind. It was noted that she was taking Norco of an unspecified dose and ibuprofen 800 mg. She rated her pain at 6/10. On 07/29/2014, she underwent a right sacroiliac joint injection with Depo-Medrol and Bupivacaine. There was no documentation of her being anesthetized for that procedure. There was no rationale or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro- MAC anesthesia (anes nerve blocks & injection., prone position): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Back 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, Sacroiliac joint blocks, Anesthesia

Decision rationale: The request for Retro- MAC anesthesia (anes nerve blocks & injection., prone position is not medically necessary. The Official Disability Guidelines, Hip Chapter, recommends anesthesia for surgical procedures. The majority of people with hip fractures are treated surgically, requiring anesthesia. The criteria for the use of sacroiliac blocks do include fluoroscopy, but do not include anesthesia. There was no indication that this injured worker had a hip fracture. The guidelines do not support the use of anesthesia with a sacroiliac joint block. The need for mac anesthesia was not clearly demonstrated in the submitted documentation. Therefore, this request for Retro- MAC anesthesia (anes nerve blocks & injection., prone position is not medically necessary.