

Case Number:	CM14-0020065		
Date Assigned:	04/25/2014	Date of Injury:	09/10/2009
Decision Date:	07/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 male whose date of injury is 09/10/2009. On this date the injured worker fell off a wall, and then the wall fell on top of him. The treatment to date includes bilateral sacroiliac joint injection on 11/13/13 and sacroiliac joint fusion. Note dated 12/16/13 indicates that the injured worker reports back pain and SI joint pain. Recent sacroiliac (SI) joint injection did not really help him that much. Lumbar range of motion is within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI JOINT INJECTION: 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), Criteria for the use of sacroiliac 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 and Pelvis Chapter, Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines (ODG) requires documentation of at least three positive exam findings. The injured worker's physical examination does not document any

positive findings indicative of sacroiliac joint dysfunction. The injured worker underwent prior sacroiliac joint injection on 11/13/13 which really did not help him much. The ODG requires documentation of at least 70% pain relief for at least six weeks prior to the performance of repeat sacroiliac (SI) joint injection. Based on the clinical information provided, the request for sacroiliac (SI) joint injection is not recommended as medically necessary.