

Case Number:	CM14-0022640		
Date Assigned:	06/11/2014	Date of Injury:	10/01/2008
Decision Date:	07/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/23/2014

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 Occupational Medicine 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 42-year-old female with date of injury 10/01/2008. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 01/29/2014, lists subjective complaints as chronic low back pain with radicular symptoms, chronic sacral and tailbone pain, right shoulder pain and right cervicothoracic pain. The patient underwent an magnetic resonance imaging (MRI) of the cervical spine on 07/16/2012, which found a C6-7 2mm dorsal disc bulge/protrusion. There appeared to be a central dorsal annular fissure, but no significant spinal or foraminal stenosis at that level. Objective findings: examination of the lower back revealed palpable tenderness over the coccyx, ischium sacral tuberos region and sacroiliac joints. Moderate tenderness was noted over the right medial buttocks and lumbarparaspinal muscles. There was decreased range of motion. Diagnosis include: lumbar/lumbosacral disc degeneration, lumbar disc displacement, sacrolitis, sciatica, cervicobrachial syndrome, cervical radiculopathy, rotator cuff syndrome and carpal tunnel. The patient underwent bilateral sacrotuberous ligament injections with intravenous (IV) sedation on 04/30/2013. She reported a 60% reduction in her pain at the two-week interval. Patient underwent caudal epidural steroid injections under IV sedation on 05/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT SACROTUBEROUS LIGAMENT 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), Hip & Pelvis (Acute & Chronic), Sacroiliac 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 & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The MTUS or the Official Disability Guidelines do not specifically address sacrotuberous ligament injections. The ODG does comment extensively on sacroiliac joint injections, however. The recommendations for sacroiliac (SI) joint blocks are similar to the recommendations of most other injections covered in the ODG. In the case of an SI joint block, with steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least greater than 70% pain relief recorded for that period. The patient received only 60% improvement from her initial injection. Right sacrotuberous ligament injection is not medically necessary.