

Case Number:	CM14-0026851		
Date Assigned:	06/13/2014	Date of Injury:	03/22/2010
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is a 61 year old male who was injured on 3/22/2010. The patient's diagnoses include lumbar stenosis, cervical stenosis, post laminectomy failed back syndrome, cervical spine fusion and left sacroiliitis. There is associated diagnosis of depression. The patient had completed physical therapy, aquatic therapy and acupuncture treatments. On 6/2/2014, [REDACTED] noted subjective complains of severe left sacroiliac joint area pain not responding to medications. There was objective findings of severe left sacroiliac joint area tenderness and positive diagnostic tests of left sacroiliitis. There is a pending neurosurgical evaluation for the neck pain. The medications given consist of Gabapentin, Lyrica, Vimovo, Norco and Oxycontin for pain, Cymbalta for depression and Robaxin for muscle spasm. A Utilization Review determination was rendered on 1/28/2014 recommending non certification of Outpatient left Sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT SACROILIAC JOINT INJECTION: Overturned

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 and Pelvic chapter. SI Blocks.

Decision rationale: The California MTUS was silent on the treatments of sacroiliac joints pain. The ODG recommends fluoroscopic guided sacroiliac (SI) joint injections as an option when sacroiliac pain is non-responsive to conservative management with medications and physical therapy. The records from [REDACTED] indicate that the patient had subjective and objective findings of left sacroiliac joint pain. He had completed physical therapy, aquatic therapy, Gym exercise, acupuncture and medications management. The criterion for an outpatient left sacroiliac joint injection was met. The request is medically necessary