

Case Number:	CM14-0033294		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2003
Decision Date:	08/26/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old male was reportedly injured on May 24, 2003. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 4, 2014, indicates there are ongoing complaints of low back pain. Previous treatment includes a lumbar spine surgery with two artificial discs and an anterior/posterior fusion at L2-L3 and L5-S1. There is also a history of a prior sacroiliac joint injection which was stated to have worked well for about sixteen hours. The physical examination demonstrated a mild antalgic gait. There was decreased motion of the lumbar spine with pain. Diagnostic imaging studies were not reviewed during this visit. A request was made for a left-sided sacroiliac joint injection with fluoroscopy and anesthesia and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac joint injection with Fluoroscopy and anesthesia.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation- Hip and Pelvis procedure summary last updated 12/09/2013, 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, Sacroiliac Joint Blocks, Updated March 25, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for the use of the sacroiliac block includes documentation that the injured employee has failed to improve with physical therapy, home exercise, and medication management. It is also suggested that if previous blocks were performed there should be at least 70% pain relief for at least six weeks time. The injured employee stated he had pain relief for less than one day. For these reasons, this request for a left sacroiliac joint injection with fluoroscopy and anesthesia is not medically necessary.