

Case Number:	CM14-0038215		
Date Assigned:	06/25/2014	Date of Injury:	08/13/1986
Decision Date:	08/18/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 injured worker is a 69 year old female whose date of injury is 08/13/1986. The injured worker attempted to sit down on a chair and landed on her tailbone. Re-evaluation dated 04/23/14 indicates that the injured worker is status post L3 to S1 fusion with subsequent sagittal imbalance. On physical examination sensation is intact and strength is 5/5 throughout. Diagnoses are lumbar degenerative disc disease, lumbar stenosis, kyphosis, and lumbar radiculopathy. The injured worker has a spinal cord stimulator in place. Gaenslen's is negative. Patrick's is positive on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. 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 injection.

Decision rationale: Based on the clinical information provided, the request for left sacroiliac joint injection is not recommended as medically necessary. There is no comprehensive assessment of recent treatment completed to date or the injured workers response thereto submitted for review. The Official Disability Guidelines require documentation of at least 3 positive physical examination findings indicative of sacroiliac joint dysfunction. The injured worker's physical examination notes only positive Patrick's on the left.