

Case Number:	CM14-0038767		
Date Assigned:	06/27/2014	Date of Injury:	04/30/2013
Decision Date:	08/18/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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. 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 41 year old male whose date of injury is 04/30/2013. The injured worker reports that he stood up from a chair and tripped. Treatment to date includes lumbar medial branch blocks on 11/26/13, attempted left L3, L4 cooled radiofrequency ablation on 02/24/14, and bilateral L3-L5 medial branch radiofrequency ablation on 03/13/14 with excellent response. Qualified medical evaluation dated 01/17/14 indicates that impression is lumbar degenerative disc disease at T12-L1 and L1-2, and T12 wedge compression fracture, chronic. The injured worker was determined to have reached maximum medical improvement as of this date with 2% whole person impairment. Note dated 04/01/14 indicates that hip range of motion is within normal limits, and straight leg raising is positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection procedure for sacroiliac joint: Upheld

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 Pelvis Chapter, Sacroiliac joint injection.

Decision rationale: The most recent physical examination submitted for review fails to document any positive exam findings indicative of sacroiliac joint dysfunction. The Official Disability Guidelines require documentation of at least 3 positive exam findings. Therefore, the requested injection is not in accordance with the Official Disability Guidelines, and is therefore not medically necessary.

anesthetic/steroid: Upheld

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 Pelvis Chapter, Sacroiliac joint injection.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Image guidance (Fluoroscopy or CT QTY: 2.00): Upheld

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 Pelvis Chapter, Sacroiliac joint injection.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.