

Case Number:	CM14-0043114		
Date Assigned:	06/20/2014	Date of Injury:	06/21/2009
Decision Date:	07/23/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/14/2014

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 Orthopedic Surgery 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 claimant reported an industrial injury on 6/21/09. The claimant is status post L4-S1 attempted fusion with subsequent pseudarthrosis. Diagnosis is made of lumbar disc disease, low back strain with chronic pain syndrome and failed back syndrome. Claimant is status post spinal cord stimulator placement with removal on 12/12/13. Exam note 2/10/14 demonstrates report of mid to low back pain radiating to the buttocks. Report notes tenderness over the right sacroiliac joint with antalgic gait component. Request for sacroiliac joint injection is made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroilac joint block with arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines criteria for sacroiliac joint injection.

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.

Decision rationale: According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In

addition there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection on 2/10/14. In addition the only exam finding is tenderness over the sacroiliac joint. Therefore the request for right sacroiliac joint block with arthrogram is not medically necessary.