

Case Number:	CM14-0050447		
Date Assigned:	08/29/2014	Date of Injury:	03/30/2007
Decision Date:	10/02/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 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:

Medical records reflect the claimant is a 50 year old female who sustained a work injury on 3-30-07. Medical Records reflect the claimant complains of low back pain with radiating to the left leg. The claimant had a right trochanteric bursa injection and reported it helped. On most recent exam, the claimant had decreased range of motion and the left sacroiliac joint is tender. The lm has decreased sensation to the left side. The treating doctor noted the claimant has positive provocative tests on the left. The claimant has been treated with medications, lumbar epidural steroid injection, physical therapy, home exercise program, sacroiliac joint injection and facet injections.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, online Edition, Chapter: Low Back- Lumbar & Thoracic, 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 pevlsi chapter - intraarticular injections

Decision rationale: ODG reflects that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. Medical records reflect the claimant had prior sacroiliac joint injection with improvement. However quantification of improvement was not provided and it is noted that the frequency of these injections should be limited with attention placed on a comprehensive exercise program. There is an absence in documentation noting that this claimant is in a comprehensive exercise program after her prior sacroiliac joint block. Therefore, the request for a left sacroiliac joint injection is not medically necessary or appropriate.