

Case Number:	CM14-0053354		
Date Assigned:	07/07/2014	Date of Injury:	05/07/2013
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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 injured worker is a 55-year-old female who was reportedly injured on May 7, 2013. The mechanism of injury was noted as cleaning tables and moving chairs. The most recent progress note dated March 10, 2014, indicated that there were ongoing complaints of occasional low back pain as well as leg and foot pains. The physical examination demonstrated tenderness over the left sacroiliac joint and decreased sensation on the dorsum of the left foot. There was a positive left sided straight leg raise test. A left sided sacroiliac (SI) joint injection was recommended. Diagnostic imaging studies of the lumbar spine showed mild hypertrophic changes of the lower lumbar facet joints. Nerve conduction studies of the lower extremities were normal. Previous treatment included an SI joint injection, chiropractic care, and nine sessions of physical therapy. A request was made for two sacroiliac joint injections and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Sacroiliac Joint Injections: 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, Sacroiliac Joint Injections.

Decision rationale: According to the note, dated March 10, 2014, the injured employee received relief from the previous sacroiliac joint injection; however, this was not objectively quantified. According to the Official Disability Guidelines, pain relief should last at least six weeks with at least 70% pain relief recorded. Additionally, two months or longer should transpire between injections. The initial injection was provided on February 3, 2014, and the subsequent request was made five weeks later. Furthermore, it was unclear why there is a request for two injections at the same time. For these reasons, this request for two sacroiliac joint injections is not medically necessary.