

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0057318 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 09/05/2013 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 04/17/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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 Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 57-year-old female, who reported an injury on 09/05/2013. The mechanism of injury is not provided. On 04/09/2014, the injured worker presented with low back pain. Upon examination, there was tenderness to palpation on the left SI and left lower lumbar paraspinals. There was a negative straight leg raise. An MRI of the lumbar spine dated 12/23/2013 noted marked right sided and moderate left sided lateral recess encroachment, moderate and marked left sided foraminal encroachment at the L4-5 level, moderate bilateral lateral recess encroachment, and marked bilateral foraminal encroachment at the L5-S1 level. The diagnoses were strain of the back lumbosacral, status post L SI joint injection on 01/15/2014. Prior therapy included medications, ice and heat packs, a home exercise program, and injections. The provider recommended a repeat left SI joint injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left S1 joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Hip & Pelvis Sacroiliac joint blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pelvis and Hip, Sacroiliac Joint Block.

Decision rationale: The request for a repeat left S1 joint injection is not medically necessary. The Official Disability Guidelines recommend a sacroiliac joint injection as an option if the injured worker had failed at least 4 to 6 weeks of aggressive conservative therapies. The criteria for use of a sacroiliac block include history and physical should suggest diagnosis; diagnostic evaluation must first address any other possible pain generators; the injured worker had failed 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management; blocks are performed under the use of fluoroscopy for guidance; a positive diagnostic response is recorded of at least 80% for the duration of the local anesthetic and a greater than 70% pain relief recorded for up to 6 weeks with the use of a prior injection. The injured worker had a previous injection on 01/15/2014. However, there is lack of documentation referring to the injured worker's pain response. There is lack of documentation of prior treatments the injured worker underwent as well as efficacy of the prior treatments. As such, this request is not medically necessary.