

Case Number:	CM14-0069958		
Date Assigned:	09/05/2014	Date of Injury:	04/28/2005
Decision Date:	10/17/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 & 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 records presented for review indicate that this 50-year-old female was reportedly injured on April 28, 2005. The mechanism of injury is noted as restraining a child. The most recent progress note, dated June 23, 2014, indicates that there were ongoing complaints of back pain. Pain is rated at 10/10 without medications and 4/10 with medications. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles from L4 through S1 and decreased lumbar spine range of motion. There was also tenderness at the right-sided greater trochanter and the right SI joint. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes chiropractic care, physical therapy, lumbar spine surgery, trochanteric bursa injections, sacroiliac joint injections, epidural steroid injections, trigger point injections, and lumbar facet injections. A request had been made for bilateral SI joint injections and was not certified in the pre-authorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injections, bilateral qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Edition, 2011, Low Back Disorders, page 611 and Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers' Compensation, 10th Edition, Treatment Index, Hip and Pelvis (updated 3/19/13)

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, Updated October 9, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for the use of sacroiliac blocks include the physical examination with at least three positive physical examination findings. The most recent progress note dated June 23, 2014, only indicates tenderness at the right sacroiliac joint and there was no tenderness noted on the left side. A review of the attached medical record indicates that the injured employee had 90% relief with the prior sacroiliac joint injection, however it is not stated how long this relief lasted. Considering the lack of documentation of prolonged pain relief with the prior injection and the lack of physical examination findings at the left sacroiliac joints, this request for Bilateral Sacroiliac Joint Injections is not medically necessary.