MAXIMUS Federal Services

Case Number:	CM14-0070327		
Date Assigned:	07/14/2014	Date of Injury:	12/01/1999
Decision Date:	09/12/2014	UR Denial Date:	04/30/2014
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, has a subspecialty in Interventional Spine 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 patient is a 55 year old with an injury date on 12/1/99. Patient complains of lower lumbar pain described as; aching, sharp, severe, rated 10/10 on the VAS scale per 3/13/14 report. Based on the 3/13/14 progress report provided by [redacted], the diagnoses are: s/p exercise treadmill test, and myocardial perfusion scan showing negative maximal exercise tolerance testing, echocardiogram showing trivial tricuspid regurgitation, no pericardial effusion seen, Holter monitoring showed occasional premature ventricular contractions, all single and unifocal otherwise normal study, chest x-ray showing over the graphic evidence of intrathoracic disease, EKG showing normal sinus rhythm with PVCs, s/p laminectomy syndrome, cervical spine, nonunion of fracture, a significant response to hardware injections, and injured worker is a deemed a candidate for hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (APS) and conducted at the Oregon Evidence-Based Practice Center , Official Disabilities Guidelines (ODG), http://www.odg-twc.com/odgtwc/hip.htm#Sacroiliacjointblocks Hip chapter, for SI joint blocks.

Decision rationale: This patient presents with lower back pain. The provider has asked for bilateral sacroiliac joint injections on 3/13/14. Review of the reports do not show any evidence of sacroiliac joint injections being done in the past. Regarding diagnostic SI joint injections, ODG guidelines recommend if motion palpation and pain provocation have been described. In this case, patient's exam showed positive to multiple maneuvers showing sacroiliac joint dysfunction. The requested bilateral sacroiliac joint injections appears reasonable and within ODG guidelines. The recommendation is medically necessary.