

Case Number:	CM14-0072866		
Date Assigned:	07/16/2014	Date of Injury:	05/13/1992
Decision Date:	09/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of May 13, 1992. A Utilization Review was performed on May 14, 2014 and recommended non-certification of left sacroiliac joint injection. In addition, there is note of previous sacroiliac joint injection performed on 8/19/13 that was very helpful. An Office Visit dated May 9, 2014 identifies History of Present Illness of chronic pain located in the shoulder/arm, upper back, and middle back. Physical Exam identifies lumbar spine SLR, sacral torsion L on L, pelvis anterior L. Impression identifies chronic pain and somatic dysfunction. Recommendations identify continued meds, repeat OMT and follow up.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for left sacroiliac joint injection, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of

aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. In addition, the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. Within the documentation available for review, there is no indication of at least >70% pain relief is obtained for 6 weeks after the previous injection. In the absence of clarity regarding these issues, the currently requested Left Sacroiliac Joint Injection is not medically necessary.