

Case Number:	CM14-0095514		
Date Assigned:	07/25/2014	Date of Injury:	05/15/2012
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 27-year-old female who sustained an injury on May 15, 2012. The medical records provided for review document current complaints of low back and sacroiliac joint pain. The May 19, 2014 progress report noted that the claimant was two weeks status post bilateral sacroiliac joint injections that provided only one day of 100 percent relief; the symptoms continue to persist. There was no long-term benefit noted from either injection. Physical examination on that date revealed tenderness to the left greater than right sacroiliac joint on palpation; there was no other formal documentation of findings noted. The claimant was diagnosed with bilateral sacroiliitis. The recommendation was made for repeat sacroiliac joint injections as well as a request for post-injection physical therapy and preoperative blood work prior to the injection procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: hip procedure - Sacroiliac joint blocks

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria pertinent to this request. Based on the Official Disability Guidelines, repeat right sacroiliac joint injection cannot be recommended as medically necessary. The medical records document that the claimant only had one day of relief with the prior injection procedure. According to the Official Disability Guidelines, sacroiliac joint injections are not repeated unless there is documentation of two months or longer improvement noted with pain relief of greater than 70 percent for a minimum of a six week period of time. Based on the documentation of the claimant's previous response to a right sacroiliac joint injection, the request for a Repeat Right Sacroiliac Injection is not medically necessary.

Left sacroiliac joint injection under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: hip procedure -Sacroiliac joint blocks

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria pertinent to this request. Based on the Official Disability Guidelines, repeat left sacroiliac joint injection cannot be recommended as medically necessary. The medical records document that the claimant only had one day of relief with the prior injection procedure. According to the Official Disability Guidelines, sacroiliac joint injections are not repeated unless there is documentation of two months or longer improvement noted with pain relief of greater than 70 percent for a minimum of a six week period of time. Based on the documentation of the claimant's previous response to a right sacroiliac joint injection, the request for a Repeat Left Sacroiliac Injection is not medically necessary.