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| Case Number: | CM13-0013872 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 06/29/2000 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 08/13/2013 |
| Priority: | Standard | Application Received: | 08/19/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 59-year-old female who reported an injury on 06/29/2000. The mechanism of injury was not provided. Her diagnoses include lumbago. Past treatments were noted to include medications. On 07/01/2013, it was noted the injured worker had complaints of pain down the left leg in the L5 distribution. She reported that medications do “help some without side effects.” She reported medications helped decrease the pain and improve her function. She rated her pain 5/10 with the use of medications. Upon physical examination, it was noted the injured worker had tenderness to the left and right trochanteric bursa, as well as SI joint tenderness. It was indicated that she had positive Patrick's test and compression test. Current medications were noted to include Vicodin. The treatment plan was noted to include S1 joint triple block on the left side. A request was received for right side SI joint injection as the injured worker received benefit from a triple block in the past. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SIDE SI JOINT INJECTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hhip & Pelvis, Sacroiliac joint blocks.

Decision rationale: The request for right side SI joint injection is not medically necessary. According to the Official Disability Guidelines, the criteria for the use of sacroiliac blocks is documentation noting a history and physical suggesting the diagnoses with at least 3 positive examination findings; diagnostic evaluation must be addressed by other possible pain generators; and the patient had to have failed at least 4 to 6 weeks of progressive conservative therapy to include physical therapy, home exercises, and medication management. The clinical documentation submitted for review indicated the injured worker had a positive pelvic compression test, as well as Patrick's test; however, 3 positive examination findings were not noted. Additionally, it was not indicated that the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy. Consequently, the request is not supported by the evidence based guidelines. As such, the request for right side SI joint injection is not medically necessary.