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| Case Number: | CM14-0189509 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 02/09/2009 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 53 year old female who was injured at work on 02/09/2009. She is reported to have had 100% improvement in pain following SI injection in 09/25/14, but currently, she is said to be complaining of 7/10 neck and neck pain; intermittent burning pain in the lateral aspect of the right leg. The pain is worsened by turning twisting, bending. The pain is associated with tightness on the right side of the neck. The physical examination revealed tenderness of the right SI joint area, positive Gaenslen's test, Fortin finger and pelvic compression tests. The worker has been diagnosed of cervical spondylosis, Sacroiliitis, Lumbosacral spondylosis without myelopathy, Fibromyalgia/myositis, Cervicalgia, Facet Joint syndrome. Previous treatments have included Exalgo ER, Norco, Terocin, Soma, OxyContin, Voltaren gel. Current medications include Ambien, oxycodone. At dispute is the request for right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Hip & Pelvis (Acute & Chronic), Sacroiliac joint injections (SJI)

Decision rationale: The injured worker sustained a work related injury on 02/09/2009. The medical records provided indicate the diagnosis cervical spondylosis, Sacroiliitis, Lumbosacral spondylosis without myelopathy, Fibromyalgia/myositis, Cervicalgia, Facet Joint syndrome. Previous treatments have included Exalgo ER, Norco, Terocin, Soma, OxyContin, Voltaren gel. Current medications include Ambien, oxycodone. The medical records provided for review do not indicate a medical necessity for Right sacroiliac joint injection. The MTUS does not recommend sacroiliac joint injections; however, the official Disability Guidelines recommend it as an option if the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Therefore, the requested treatment is not medically necessary and appropriate as there is no indication the injured worker has been treated with physical therapy or home exercise physical medicine.