

Case Number:	CM14-0199155		
Date Assigned:	12/09/2014	Date of Injury:	11/21/2011
Decision Date:	01/22/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal Medicine and is licensed to practice in New York. 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 50 year old male who sustained an industrial injury on 11/21/2011. The mechanism of injury was not provided for review. His diagnoses include failed back surgery syndrome; s/p lumbar fusion L4-S1; bladder dysfunction and cervical radiculopathy. He continues to complain of intense low back pain, neck pain and headaches. On physical exam there is decreased range of cervical motion with decreased left C5, C6, and C8 sensation. There was decreased sensation in the right S1 and L5 dermatomes. There was weakness in the left deltoid, biceps, internal and external rotators. Documentation noted 4+/5 weakness in the left TA and EHL. Treatment in addition to surgery has included medications and a SI injection. The treating provider has requested bilateral SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral 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); National Library of Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac Blocks

Decision rationale: The documentation indicates the claimant has low back pain related to the sacroiliac joint. Per the documentation he had a previous SI injection on 05/09/2014 with a reported 75-80% improvement in pain for one day and about 50% improvement for one week. Per the reviewed Official Disability Guidelines (ODG) a positive response of pain relief should be at least 6 weeks with at least 50% pain relief recorded for this period. The documentation indicates that the claimant did not receive a sustained response to previous sacroiliac injection therapy. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.