

Case Number:	CM14-0202686		
Date Assigned:	12/15/2014	Date of Injury:	06/26/2003
Decision Date:	02/05/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

10/30/14 note reports history of RFA on 10/10/14 with 60-70% improvement in pain on left Left L3-5. There is residual pain in the left hip and reports weakness with it. Examination notes pain in the left side in left buttock and SI region. There is positive Gaenslens test. Left SI joint injection was requested. 9/4/14 note reports pain in the right buttocks and left side going down to the leg and foot. Medial branch blocks done 8/29/14 gave about 60% improvement in pain. There was pain with ambulation. Exam reports axial low back pain mainly on the left. The insured was ambulating with a cane. The low back pain was worse on extension consistent with facet disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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), Hip & Pelvis Chapter

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

Decision rationale: The medical records provided for review do not document the presence of at least 3 positive physical examination findings supportive of SI joint dysfunction and does not document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports SI joint block with: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. As such the medical records provided for review do not support medical treatment of SI joint injection.