MAXIMUS Federal Services

Case Number:	CM15-0002965		
Date Assigned:	01/14/2015	Date of Injury:	07/29/2011
Decision Date:	03/17/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/07/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 54 year old female who suffered a work related injury on 07/29/11. She complains of constant left-sided glute and hip pain with radiation down her leg to her foot. Medications include Relafen, Ultracet, and Cymbalta. She underwent trigger point injections to the left gluteus medius at the office visit on 12/16/14. The requested treatments are left SI joint injection. The SI joint injection was non-certified by the Claims Administrator on 01/06/15 citing MTUS, AECOM, and ODG. The injection was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Hip & Pelvis Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chou R, et al. Subacute and Chronic low back pain:

Nonsurgical interventional treatment. Topic 7768, version 18.0. UpToDate, accessed 01/19/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation concluded the worker was suffering from left knee pain with intrameniscal degeneration and distal quadriceps and proximal patellar tendinosis and left hip labral tear with synovitis, arthrofibrosis, and femoral acetabular impingement. There is very limited quality research available to support this treatment in this setting, and there was no discussion that sufficiently supported its use. In the absence of such evidence, the current request for a left SI joint injection is not medically necessary.