

Case Number:	CM15-0102106		
Date Assigned:	06/04/2015	Date of Injury:	09/09/2010
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 71-year-old female, who sustained an industrial injury on September 9, 2010. The injured worker reported fall resulting in left shoulder and back pain. The injured worker was diagnosed as having sacroiliitis. Treatment to date has included physical therapy, medication and epidural steroid injection. A progress note dated April 13, 2015 provides the injured worker complains of low back pain with radiation to right buttock and hip. Symptoms are unchanged from last visit. Physical exam notes increased significant pain over the sacroiliac joint and painful decreased lumbar range of motion. The plan includes sacroiliac block. Due to a complex medical history involving cardiac issues, the plan includes medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Medical Clearance prior to injection, to include H&P (history & physical), EKG (electrocardiogram), Chest Xray and Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [circ.ahajournals.org/cgi/content/full/116/17/e418] and URL [guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, therapeutic injections.

Decision rationale: The request is for an H&P, EKG, chest x-ray and labs in a 71 year old patient who is undergoing an SI injection for sacroilitis with conscious sedation. The patient has no significant risk factors, including cardiac, for a joint injection. CA MTUS does not address SI joint injections. The ODG low back section does recommend SI joint injections in selected patients. In this case, there is no rationale given for why the patient needs conscious sedation and therefore the requested extensive work-up. An SI injection is a simple percutaneous joint injection that can be accomplished with minimal discomfort using a local anesthetic. There is no rationale presented as to why the patient requires conscious sedation when the injection can be more safely carried out with a local anesthetic. Since conscious sedation is not recommended for this procedure, the H&P, EKG, CXR and lab tests are not medically necessary.