

Case Number:	CM15-0106240		
Date Assigned:	06/10/2015	Date of Injury:	11/11/2012
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old man sustained an industrial injury on 11/11/2012. The mechanism of injury is not detailed. Diagnoses include sacroiliac joint pain and lumbago. Treatment has included oral medications and facet joint injections. Physician notes dated 5/14/2015 show complaints of bilateral sacroiliac joint pain rated 5/10. Recommendations include left side sacroiliac joint injection to follow the right side sacroiliac joint injection by about one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Side SI Joint Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & pelvis updated 10/9/14.

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 blocks.

Decision rationale: The claimant sustained a work-related injury in November 2012 after heavy lifting and continues to be treated for bilateral buttock pain. When seen, he was having bilateral

sacroiliac joint pain. Physical examination findings included positive Stork, Compression, and Fabere testing bilaterally. A right sacroiliac joint injection was pending. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the claimant has sacroiliac joint pain after lifting and the requesting provider documents three positive sacroiliac joint tests. If bilateral injections had been requested, both would likely have been approved. The criteria for the injection are met and it can be considered medically necessary.