MAXIMUS Federal Services

Case Number:	CM15-0018499		
Date Assigned:	02/06/2015	Date of Injury:	07/04/2011
Decision Date:	04/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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
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:

The injured worker is a 38 year old male, who sustained an industrial injury on 7/4/11. The injured worker has complaints of low back pain, limited range of motion to the lumbar spine with the tingling and numbness to bilateral legs. The diagnoses have included lumbar sprain/strain and lumbar paraspinal muscle spasms/disc herniation. Treatment to date has included Magnetic Resonance Imaging (MRI), X-rays; physical therapy; chiropractic manipulation and medications. The utilization review report noted a successful teleconference with the requesting provider, who noted that the patient had positive provocative testing including positive Gaenslen, Patrick, and thigh thrust tests. It was also noted that the patient cannot receive steroid injections due to his health and he did not want to proceed with a right SI joint injection that was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac 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 Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for sacroiliac joint injection, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. However, the documentation also identifies that, due to other medical issues, the patient should not receive steroid injections and the patient did not wish to proceed with the injection. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injection is not medically necessary.