

Case Number:	CM15-0135272		
Date Assigned:	07/23/2015	Date of Injury:	10/21/2006
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 53-year-old male, who sustained an industrial injury on October 21, 2006. Treatment to date has included physical therapy, anti-depressants, NSAIDS, and topical pain medication. Currently, the injured worker complains of increasing right side lower back pain with pain radiating into the right buttock. He describes his pain as localized to his lower lumbosacral junction and notes that he pain is aggravated with any kind of prolonged sitting and standing activities. He reports that his pain is aggravated when he stands for thirty minutes or walks for sixty minutes. He reports chronic pain associated with his left hip replacement. On physical examination, the injured worker has a mild lumbar facet maneuver and mild Ober sign on the right. He has normal strength in the bilateral lower extremities and negative straight leg raise test. He exhibited weakness in the right gluteal activation and extension of the right hip. An x-ray of the lumbar spine revealed multi-level disk degenerative abnormalities, mild listhesis rotation and scoliosis of the lumbar spine and moderate sacroiliac joint sclerosis bilaterally. The diagnoses associated with the request include right acute sacroiliac joint strain, lumbar degenerative disc disease, bilateral hip osteoarthritis, status post left total hip replacement, and chronic pain. The treatment plan includes Lidoderm patch, right sacroiliac joint injection with intravenous sedation, Voltaren, Amitriptyline, and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection with IV sedation, diagnostic and therapeutic, for the right sacroiliac joint:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Hip and Pelvis Chapter, Criteria for the use of sacroiliac blocks.

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 injection.

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. Therefore, the request is not medically necessary.