

Case Number:	CM15-0142455		
Date Assigned:	08/03/2015	Date of Injury:	02/05/2015
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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:

The injured worker is a 45 year old female, who sustained an industrial injury on 2-5-2015. She reported pain in her right hand, right hip, left leg and low back. Diagnoses have included chronic right wrist strain, right hip contusion and chronic lumbosacral strain. Treatment to date has included physical therapy, Toradol injections, magnetic resonance imaging (MRI) and medication. According to the progress report dated 6-26-2015, the injured worker complained of pain in her right wrist, right hip, left leg and low back. Exam of the lumbar spine revealed tenderness at the left sacroiliac and L4. She had weak abdominal and back muscles. Range of motion of the trunk was restricted. There was tenderness over the left hip. Authorization was requested for SI injection for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI injection for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 February 2015 and is being treated for right wrist and hip pain and low back and left leg pain. Treatments have included physical therapy and medications. When seen, there was left sacroiliac joint and L4 tenderness. There was decreased trunk range of motion. There was abdominal and back muscle weakness. Her BMI was over 28. There was left hip tenderness with a positive right Tinel's test. 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 requesting provider only documents left sacroiliac joint tenderness. There are no reported positive sacroiliac joint test. The above criteria are not met and the requested sacroiliac joint injection is not medically necessary.