

Case Number:	CM15-0144165		
Date Assigned:	08/05/2015	Date of Injury:	10/08/2010
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67 year-old female who sustained an industrial injury on 10-08-10. The injured worker was diagnosed with having bilateral sacroiliac joint pain and left trochanteric bursitis. Diagnostic testing and treatment to date has included radiographic imaging, and pain medication management. Currently, the injured worker complains of low back pain with radiation into the buttocks, pain over sacrum, and dull sciatic pain posterior thighs. Physical examination is remarkable for decreased range of motion of the lumbar spine; the sacroiliac joints are tender bilaterally, as well as tenderness to the left greater trochanter. Requested treatments include bilateral sacroiliac joint injections under fluoroscopic guidance Qty: 2, and left greater trochanter injection under fluoroscopic guidance. The injured worker is retired. Date of Utilization Review: 06-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections under fluoroscopic guidance Qty: 2: 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, updated 10/09/14, Online Version, Sacroiliac Joint Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis Chapter (updated 10/09/14), Sacroiliac joint blocks ODG Hip & Pelvis Chapter (updated 08/20/14), Sacroiliac injections, diagnostic ODG Hip & Pelvis Chapter (updated 08/20/14), Sacroiliac injections, therapeutic.

Decision rationale: The version of ODG in effect at the time of this request provided criteria for sacroiliac joint blocks which included documentation of at least 3 positive findings from a list of provocative maneuvers for SI joint dysfunction, as well as failure of a 4-6 week course of aggressive conservative treatment including PT, home exercises, and medication. Based upon the submitted documentation, insufficient positive clinical findings are documented to meet the ODG criteria, and there has been no documented course of aggressive physical therapy for the injured worker's sacroiliac joint symptoms. Therefore, the ODG criteria for sacroiliac joint blocks are not met. Since previous denial of this request, ODG has changed its recommendations, and no longer recommends diagnostic or therapeutic facet joint blocks. Based upon the submitted documentation and both past and current editions of ODG, medical necessity is not established for the requested sacroiliac injections.

Left greater trochanter injection under fluoroscopic guidance: Overturned

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, updated 10/09/14, Online Version, Sacroiliac Joint Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis Chapter (updated 08/20/14), Trochanteric bursitis injections.

Decision rationale: ODG considers corticosteroid injection to be first-line therapy for trochanteric bursitis. ODG does not require a prior course of conservative treatment prior to injection for this disorder. Based upon the submitted documentation and evidence-based treatment guidelines, medical necessity is established for the requested left greater trochanteric injection under fluoroscopic guidance. Therefore, the request is medically necessary.