

Case Number:	CM15-0166018		
Date Assigned:	09/03/2015	Date of Injury:	10/21/2014
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 57 year old male with an October 21, 2014 date of injury. A progress note dated July 6, 2015 documents subjective complaints (right hip pain; lower back pain), objective findings (balance issues; unsteady gait; positive Trendelenburg sign; decreased range of motion of the right hip; positive Scour; tender over the ischium; pain with resisted hamstring testing; Ober test positive on the right; sacroiliac joint tender on the right; gluteus medius is tender on the right), and current diagnoses (post-traumatic osteoarthritis, mild, status post acetabular fracture with posterior labral tear; sacroiliac joint dysfunction; iliotibial band tightness; hamstring tendinosis). Treatments to date have included imaging studies, medications, and physical therapy. The treating physician documented a plan of care that included sacroiliac joint injection with computed tomography and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injection with CT (computed tomography) and fluoroscopy guidance:
 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): Hip and Pelvis Chapter (updated 08/05/15) - Online Version Sacroiliac joint blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the guidelines, intrarticular hip injections are under study for hip osteoarthritis but it is recommended as a short term option for hip bursitis and should be performed under fluoroscopy. In this case, there was sacroiliac dysfunction and concern for a right hip labral tear. The ACOEM guidelines do not recommend invasive procedures due to their short term benefit. The claimant did not have the diagnoses approved for SI injections and as a result, the request is not medically necessary.