MAXIMUS Federal Services

Case Number:	CM15-0194719		
Date Assigned:	10/08/2015	Date of Injury:	05/03/2015
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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:

The injured worker is a 60-year-old female who sustained an industrial injury 05-03-12. A review of the medical records reveals the injured worker is undergoing treatment for sacroilitis and disorder of the coccyx. Medical records (09-15-15) reveal the injured worker complains of head, cervical, thoracic, and lumbar spine pain rated at 8/10. The physical exam (09-15-15) reveals decreased cervical spine range of motion, and tenderness to palpation over the bilateral lumbar facets, paravertebral lumbar spasm, thoracolumbar spasm, sacroiliac joints, lumbosacral region, and the coccyx. Prior treatment includes medications, chiropractic, acupuncture, and physical therapy as well as modified duty. The treating provider recommends continued medication, ice-heat, and bilateral sacroiliac joint injections. The original utilization review (09-24-15) non-certified the request for bilateral sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac (SI) 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 (ODG), Hip & Pelvis (updated 08/20/15).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the ACOEM guidelines, invasive procedures are not recommended due to their short-term benefit. The ODG guidelines support hip injections for those with bursitis. In this case, there was mention of tenderness in the SI joint and the diagnosis was non-specific sacroillitis. Since the exam and diagnosis are not specific to the pathology and such interventions do not provide long-term benefit, the request for a left SI injection is not medically necessary.

Right SI joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 08/20/15).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the ACOEM guidelines, invasive procedures are not recommended due to their short-term benefit. The ODG guidelines support hip injections for those with bursitis. In this case, there was mention of tenderness in the SI joint and the diagnosis was non-specific sacroillitis. Since the exam and diagnosis are not specific to the pathology and such interventions do not provide long-term benefit, the request for a right SI injection is not medically necessary.