MAXIMUS Federal Services

Case Number:	CM15-0205348		
Date Assigned:	10/22/2015	Date of Injury:	08/08/2009
Decision Date:	12/21/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 35-year-old female who sustained an industrial injury on 8-8-2009 and has been treated for reflex sympathetic dystrophy of the upper limb, thoracic-lumbar neuritis-radiculitis, and post-laminectomy syndrome of the lumbar region. Diagnostic reports are not present in the provided records. On 9-14-2015, the injured worker reported pain had been ranging between 6 and 10 out of 10, characterized as sharp, throbbing, aching, and pins and needles. She stated it was constant and radiating, made worse when sitting, standing and walking. Medication was noted to provide relief. Objective findings related to injury are not provided. Documented treatment includes Oxycontin, Oxycodone and Flexeril. The injured worker is noted to have had a CT scan from which she is reporting a "possible tumor" which is through another provider and details are unspecified in the note. The treating provider who had requested the scan requested that she received bilateral sacroiliac joint injections before proceeding with related tests. Rationale and previous treatment is not evidenced in the provided records. The request was submitted for 1 left sacroiliac joint injection with fluoroscopy as an outpatient, which was non-certified on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right sacroiliac joint injection with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint blocks.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition, there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case, review of medical records from 9/14/15 show there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection. Therefore, the guideline criteria have not been met and the proposed injection is not medically necessary. The determination is for non-certification.

One (1) left sacroiliac joint injection with fluroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint blocks.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition, there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case, review of medical records from 9/14/15 show there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection. Therefore, the guideline criteria have not been met and the proposed injection is not medically necessary. The determination is for non-certification.