

Case Number:	CM15-0206356		
Date Assigned:	10/23/2015	Date of Injury:	07/05/2012
Decision Date:	12/04/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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: North Carolina

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 55 year old male injured worker suffered an industrial injury on 7-5-2012. The diagnoses included cervical myelopathy, lumbar facet pain and acute right sacroiliitis with trochanteric bursitis. On 9-17-2015, the treating provider reported pain level was 9 out of 10. The provider noted he had been doing very well until he had fallen 10 days prior when he slipped and twisted while taking a shower and began to have increasing pain in the right lower back. On exam, he had difficulty rising from a chair with obvious pelvic tilt with the right side lower than the left. There was exquisite pain over the right SI joint and also the trochanteric bursae. The Faber's test and pelvic rock test were positive. The provider noted due to the myelopathy and that he was barely able to walk, he recommended a right sacroiliac injection as there was a concern that if he had an increase in symptoms he would be unable to walk at all. The Utilization Review on 9-29-2015 determined non-certification for Right Sacroiliac Joint Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac 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 and Pelvis Chapter, Sacroiliac injections, therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that SI joint injection is only indicated if there is failure of conservative therapy for 6-8 weeks and clear signs on physical exam of SI joint pathology. The provided physical exam does not clearly indicate the SI joint as the source of the pain. Therefore, the request is not medically necessary.