

Case Number:	CM15-0207325		
Date Assigned:	10/26/2015	Date of Injury:	01/05/2015
Decision Date:	12/07/2015	UR Denial Date:	10/20/2015
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: 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 33 year old female, who sustained an industrial injury on 1-5-2015. Medical records indicate the worker is undergoing treatment for left sacroiliac strain and left lower extremity pain. A recent progress report dated 10-2-2015, reported the injured worker complained of back pain radiating to the lower back, leg and hip. Physical examination revealed a tender left sacroiliac joint and a slightly antalgic gait on the left. Progress notes refer to a normal lumbar magnetic resonance imaging without disc herniation. Treatment to date has included physical therapy and medication management. The physician is requesting Cortisone injection to the left sacroiliac (SI) joint. On 10-20-2015, the Utilization Review noncertified the request for Cortisone injection to the left sacroiliac (SI) joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the left sacroiliac (SI) joint: 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 Criteria for the use of sacroiliac blocks.

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

Decision rationale: According to the ODG 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 is mention of SI strain. There is no indication of use of fluoroscopy. The procedures do not provide lasting relief. The SI injection is not medically necessary.