

Case Number:	CM15-0222486		
Date Assigned:	11/18/2015	Date of Injury:	06/09/2009
Decision Date:	12/24/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/12/2015

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

Certification(s)/Specialty: Emergency Medicine

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 61 year old male sustained an industrial injury on 06-09-09. Documentation indicated that the injured worker was receiving treatment for lumbar stenosis. Previous treatment included epidural steroid injections, trigger point injections, home exercise and medications. In a PR-2 dated 9-9-15, the injured worker reported increased right back and right sacroiliac pain as well as some intermittent right thigh pain. Physical exam was remarkable for focal tenderness in the right sacroiliac joint. Pelvic compression referred "some" immediate pain to the right sacroiliac joint. Straight leg raise test on the right produced sacroiliac joint pain and back pain only the left. The injured worker had 5 out of 5 motor strength in all major muscle groups and full hip range of motion bilaterally. The injured worker underwent right sacroiliac joint injection under ultrasound guidance during the office visit. On 10-23-15, Utilization Review non-certified a retrospective request for ASP, sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro ASP/SI 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).

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

Decision rationale: The requested Retro ASP/SI Injection, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has increased right back and right sacroiliac pain as well as some intermittent right thigh pain. Physical exam was remarkable for focal tenderness in the right sacroiliac joint. Pelvic compression referred "some" immediate pain to the right sacroiliac joint. Straight leg raise test on the right produced sacroiliac joint pain and back pain only the left. The injured worker had 5 out of 5 motor strength in all major muscle groups and full hip range of motion bilaterally. The injured worker underwent right sacroiliac joint injection under ultrasound guidance during the office visit. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, Retro ASP/SI Injection is not medically necessary.