

Case Number:	CM15-0032471		
Date Assigned:	02/25/2015	Date of Injury:	11/08/2007
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old male, who sustained an industrial injury on 11/08/2007. He has reported right-sided back pain radiating to the buttocks. The diagnoses have included lumbosacral strain; and rule out right sacroiliitis. Treatment to date has included medications. Medications have included Tramadol, Naproxen, Prilosec, and Methoderm. A progress note from the treating physician, dated 01/03/2015, documented a follow-up visit with the injured worker. The injured worker reported continued right-sided back pain; and radiating pain to his buttock area. Objective findings included pain over the right SI (sacroiliac) joint; positive Faber sign on the right and positive compression sign on the right reproducing pain into his right SI joint; and ambulation with a cane. The plan of treatment included the request for a Right SI joint injection. On 02/12/2015 Utilization Review noncertified a prescription for Right SI joint injection. The Official Disability Guidelines were cited. On 02/20/2015, the injured worker submitted an application for IMR for review of a prescription for Right SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Official Disability Guidelines- Hip & Pelvis Chapter, Sacroiliac Joint Blocks.

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, SI joint diagnostic blocks.

Decision rationale: The official disability guidelines indicates that the criteria for SI joint injection includes three positive physical examination findings to determine true SI joint pain. The most recent progress note dated January 3, 2015 only includes findings of a positive compression sign and a positive Faber's test. Considering this, this request for an SI joint injection is not medically necessary.