

Case Number:	CM15-0033686		
Date Assigned:	02/27/2015	Date of Injury:	09/09/2013
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female reported a work-related injury on 09/09/2013. According to the progress notes from the primary treating provider dated 2/9/15, the injured worker (IW) reports pain in the bilateral buttocks when walking or standing; she also had no relief from the previous right hip injection. The IW was diagnosed with right sacroiliitis. Previous treatments include medications, right hip injection and cognitive behavioral therapy. The treating provider requests right sacroiliac injection. The Utilization Review on 02/20/2015 non-certified the request for right sacroiliac injection. The references cited were CA MTUS, ACOEM and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/Sacroiliac Joint Blocks.

Decision rationale: ODG recommends SI blocks only in limited situations where the history and exam strongly support this diagnosis and where the records do not suggest an alternate pain generator. This patient has a history of chronic pain with a past lumbosacral fusion. The records and guidelines do not suggest the probability of meaningful clinical benefit from a sacroiliac block in this setting. The request is not medically necessary.