

<b>Case Number:</b>	CM15-0034559		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 71 year old male who sustained a work related injury September 10, 2009. Past history includes a radiofrequency denervation of the bilateral L4, L5, S1 (Dorsal) October 9, 2014. According to a physician's progress report dated January 7, 2015, the injured worker presented for a follow-up visit. He is complaining of residual low back pain since his last ablation near the sacroiliac joints. He is undergoing deep myofascial therapy, which provides relief but often short lasting. Physical examination reveals tenderness to palpation and spasticity of the upper buttocks and bilateral sacroiliac joints, right greater than left. The Patrick's FABER, Gaensien's and flamingo tests are positive bilaterally, right greater than left. Diagnoses included myofascial pain syndrome, sacroiliac pain, lumbar degenerative disc disease, and lumbar spondylosis. Treatments included requests for sacroiliac joint injections and continue with the home based exercise program. According to utilization review dated January 28, 2015, the request for IV (intravenous) sedation is non-certified, citing ACOEM and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis, SI Joint Diagnostic Blocks.

**Decision rationale:** SI joint injections are usually performed without the use of IV sedation. The official disability guidelines does not indicate that IV sedation as necessary to perform this procedure. The attached medical record does not indicate any special circumstances for which IV sedation may potentially be needed. As such, this request for IV sedation is not medically necessary.