

Case Number:	CM15-0040154		
Date Assigned:	03/10/2015	Date of Injury:	09/19/2014
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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: New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 62-year-old male who sustained an industrial injury on 09/19/2014. Current diagnoses include degenerative lumbosacral spondylosis, facet joint hypertrophy, lumbosacral pain, and myospasm. Previous treatments included medication management, physical therapy, and core strengthening exercises. Report dated 01/30/2015 noted that the injured worker presented with complaints that included ongoing localized pain in the right SI joint. Physical examination was positive for abnormal findings. The treatment plan included request for a right sacroiliac joint steroid injection and prescription for Norco was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Joint 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); criteria for use of sacroiliac blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Sacroiliac joint injections (SIJ) are recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy. Conservative therapy includes physical therapy, home exercise program and medical therapy. In this case, the claimant has only completed 3 sessions of physical therapy. There is no clear documentation of failure of 4-6 weeks of aggressive conservative therapy. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Follow-up visit x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: ACOEM states that consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific indication given for a follow-up visit to the requested provider. Medical necessity for the requested service is not established. The requested service is not medically necessary.