

Case Number:	CM15-0050792		
Date Assigned:	03/24/2015	Date of Injury:	05/21/2008
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54-year-old male who sustained an industrial injury on 05/21/08. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar spine fusion, and a caudal Epidural Steroid Injection. Diagnostic studies are not discussed. Current complaints include continued low back pain. In a progress note dated 02/27/15 the treating provider reports the plan of care as continued medications, physical therapy, and a bilateral sacroiliac joint injection. The requested treatment is a bilateral sacroiliac joint injection with fluoroscopy and sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral sacroiliac joint injection under fluoroscopy and sedation: 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), Hip & Pelvis, 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 & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic right buttock, right hip, and low back pain. Physical examination findings included lumbar facet and sacroiliac joint tenderness with positive Patrick testing bilaterally. An x-ray is referenced as showing sacroiliac joint degenerative joint disease. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the claimant has a history of a lumbar fusion to the sacrum and a diagnosis of sacroiliac joint arthropathy. The requesting provider, however, documents only one positive sacroiliac joint test by physical examination. Therefore, the above criteria are not met and the requested bilateral sacroiliac joint injections are not medically necessary.