

Case Number:	CM15-0054188		
Date Assigned:	03/27/2015	Date of Injury:	09/23/2012
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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:

This 58 year old woman sustained an industrial injury on 9/23/2012 after a slip and fall. Evaluations include a lumbar spine MRI. Diagnoses include right sacroiliac joint pain versus right factogenic pain. Treatment has included oral medications, acupuncture, spinal injection, and physical therapy. Physician notes dated 2/9/2015 show complaints to the low back rated 5-6/10. Recommendations include sacroiliac joint injection versus facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 sustained a work-related injury in September 2012 after slipping and falling and continues to be treated for right-sided low back pain. Treatments have

included physical therapy. She has not had chiropractic care. When seen, physical examination findings included sacroiliac joint tenderness and mildly positive Fabere testing. A sacroiliac joint block can be recommended as an option after failure of conservative therapy including at least six weeks of a comprehensive exercise program, local icing, mobilization / manipulation and anti-inflammatory medications as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease. Requirements also include the documentation of at least three positive physical examination findings. In this case, the claimant has not undergone a trial of manipulation / chiropractic care and the requesting provider does not document findings that meet the above criteria. Therefore, the requested sacroiliac joint injection is not medically necessary.