

Case Number:	CM15-0058596		
Date Assigned:	04/03/2015	Date of Injury:	10/14/2013
Decision Date:	05/04/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 57-year-old female, who sustained an industrial injury on 10/14/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed as status post right hamstring repair and right lower extremity sciatic nerve neurolysis and posterior femoral cutaneous nerve neurolysis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture and medication management. In progress notes dated 2/5/2015 and 3/9/2015, the injured worker complains of increasing pain in the left posterior thigh due to lack of physical therapy. The treating physician is requesting right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis, Sacroiliac joints blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 57 year old female has complained of leg pain and low back pain since date of injury 10/14/13. She has been treated with surgery, acupuncture, physical therapy and medications. The current request is for right sacroiliac joint injection. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections of lidocaine, steroid or both are of questionable benefit and offer no significant long term functional benefit. Based on the MTUS guidelines, right sacroiliac injection is not indicated as medically necessary.