

Case Number:	CM15-0081611		
Date Assigned:	05/04/2015	Date of Injury:	12/18/2003
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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 Jersey, New York
Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on December 18, 2003, incurring injuries to her knees, low back and neck. She was diagnosed with bilateral knee chondromalacia, bilateral lumbar sprain and radiculopathy. Treatment included anti-inflammatory drugs, muscle relaxants, physical therapy, pain medications and patches, topical analgesics, and transcutaneous electrical stimulation unit. Currently the injured worker complained of low back pain with radiation to the hips, and bilateral knee pain. The treatment plan that was requested for authorization included bilateral sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint 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: Sacroiliac Joint Injections (SJI).

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, sacroiliac joint injections.

Decision rationale: The request is not considered medically necessary. The MTUS guidelines do not address the use of sacroiliac joint injections, therefore ODG guidelines were used which states that they are recommended if there was failure of at least 4-6 weeks of aggressive conservative therapy. There has to be 3 positive exam findings for SI joint dysfunction which the patient has. However, there was not enough documentation about the conservative therapy that she failed. There was a general statement that she failed physical therapy and chiropractic therapy but it wasn't clear how long she had therapy and other forms of treatment she had. Therefore, the request is considered not medically necessary.