

Case Number:	CM15-0082499		
Date Assigned:	05/04/2015	Date of Injury:	10/31/2011
Decision Date:	06/03/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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 42 year old female, who sustained an industrial/work injury on 10/31/11. She reported initial complaints of lumbosacral pain that radiated into the left lower extremity. The injured worker was diagnosed as having hip bursitis, sacroiliac ligament sprain/strain, lumbar radiculitis, thoracic radiculitis, lumbar herniated nucleus pulposus. Treatment to date has included medication, exercise/stretching, left sacroiliac joint injection under fluoroscopy. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 11/5/14. Per the primary physician's progress report (PR-2) on 3/25/15, examination revealed tenderness with palpation over the lumbosacral junction and left S1 joint, full motor strength, positive left FABER test, decreased sensation over the anterior thigh, lateral leg and foot, Tinel's over the fibula had on left. The requested treatments include: repeat left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left sacroiliac joint injection Qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Hip & Pelvis (Acute & Chronic).

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 injury in October 2011 and continues to be treated for left low back and leg pain. She underwent a left sacroiliac joint injection in December 2014. When seen for follow-up, there had been 100% pain relief immediately after the injection. She was taking less Tylenol and able to participate better in physical therapy sessions. In February 2015, her pain was returning and, when seen in March pain had nearly returned to baseline. In the treatment or therapeutic phase, this procedure should be repeated only as necessary and should be limited to a maximum of four times for local anesthetic and steroid blocks over a period of one year. In this case, the claimant had a positive response to the injection done previously with decreased medication use and improved exercise tolerance. The request is with the guideline recommendation and is medically necessary.