

Case Number:	CM14-0120724		
Date Assigned:	08/06/2014	Date of Injury:	12/16/2009
Decision Date:	09/30/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old female who reported an injury on 12/16/2009 caused by an unspecified mechanism. The injured worker's treatment history included x-rays, medications, MRI studies, epidural steroid injections, CT scans, acupuncture treatment, psychological evaluation, aquatic therapy sessions, and right SI joint injection. The injured worker was evaluated on 06/11/2014 and it was documented that the injured worker returned with continued improvement in her right sided lower back and hip pain, following a right SI joint injection provided on 05/14/2014. However, the injured worker states that her pain was beginning to return. She reported over 50% to 60% improvement in her pain. This allowed her to reduce her intake on oral medications and ambulate for longer distances. On physical examination, there were some spasms and tenderness noted in the paravertebral musculature with decreased range of motion. Decreased sensation was noted over the L5 dermatome with pain. Tenderness was noted over the S1 joint with some reduced range of motion in right hip in all planes. Diagnoses included lumbosacral radiculopathy and lumbar disc displacement without myelopathy. The Request for Authorization was not submitted for this review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Blocks.

Decision rationale: The request for the right sacroiliac joint injection is not medically necessary. The Official Disability Guidelines (ODG) recommend a joint injection under fluoroscopy as an option if failed at least 4 weeks to 6 weeks of aggressive conservative therapy. The documents submitted indicated the injured worker had received a right sacroiliac joint injection on 05/14/2014, however the pain returned. The provider noted the injured worker's conservative care; however, the outcome measurements were not submitted for this review. It was noted the injured worker had received prior joint injections; however, there were no long term functional goals of improvement indicated for the injured worker. Given the above, the request for the right sacroiliac joint injection is medically necessary.