

Case Number:	CM14-0137928		
Date Assigned:	09/05/2014	Date of Injury:	05/29/2003
Decision Date:	09/26/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency Medicine and is licensed to practice in California. 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 63 year-old male, who sustained an injury on May 29, 2003. The mechanism of injury is not noted. Diagnostics have included: August 2014 lumbosacral x-rays reported as showing L5/L6 instrumentation. Treatments have included: medications, L5 decompressive laminectomy/facetectomy/foraminotomy February 5, 2014. The current diagnoses are: sacrum disorders, lumbosacral spondylolithesis, left-sided L5-S1 radiculopathy, left-sided sacroiliitis. The stated purpose of the request for 1 Left Sacroiliac Joint Injection between 8/14/2014 and 9/29/2014, was not noted. The request for 1 Left Sacroiliac Joint Injection between 8/14/2014 and 9/29/2014, was denied on August 19, 2014, citing a lack of documentation of three positive exam findings suggestive of sacroiliac joint dysfunction and at least 4-6 weeks of aggressive conservative treatment for the sacroiliac joint. Per the report dated August 11, 2014, the treating physician noted that the injured worker's pain had improved after surgery and has now returned, principally affecting the left-sided L5 and S1 distributions and left sacroiliac joint. Exam findings included decreased L5-S1 sensation, left sacroiliac joint tenderness, negative Faber test, positive Compression test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Sacroiliac Joint Injection between 8/14/2014 and 9/29/2014: Upheld

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

Treatment for Worker's Compensation, Online Edition, Chapter: Hip & Pelvis (Acute & Chronic), Sacroiliac Joint Blocks.

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 Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks. The Expert Reviewer's decision rationale: Official Disability Guidelines (ODG), "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has pain that had improved after surgery and has now returned, principally affecting the left-sided L5 and S1 distributions and left sacroiliac joint. The treating physician has documented decreased L5-S1 sensation, left sacroiliac joint tenderness, negative Faber test, positive Compression test. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, 1 Left Sacroiliac Joint Injection between 8/14/2014 and 9/29/2014, is not medically necessary.