MAXIMUS Federal Services

Case Number:	CM14-0142681		
Date Assigned:	09/10/2014	Date of Injury:	10/27/2012
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal Medicine, Pulmonary Diseases :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 51 year old female with a reported date of injury on 10/27/2012. The mechanism of injury occurred due to fall. The diagnoses included lumbar discopathy and cervical spine pain. The past treatments included pain medication and epidural steroid injections. There was no diagnostic imaging noted in the records. There was no surgical history noted in the records. The subjective complaints on 06/10/2014 consisted of neck pain that radiates to her right shoulder and low back pain that radiates to her bilateral lower extremities. The physical examination noted limited range of motion to the lumbar spine in all planes secondary to pain, tenderness over the facet joints from L3-S1, and tenderness over the sacroiliac joints bilaterally. The injured worker as also noted to have a positive straight leg raise in the sitting position to 60 degrees on the right and negative on the left. The medications include Ultram and Norco. The treatment plan was a Right Sacroiliac Joint Injection. The rationale was to decrease pain and improve function. The request for authorization form was not provided.

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- Treatment in Worker's Compensation, Online Edition, Hip & Pelvis Chapter, 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, Sacroiliac joint blocks

Decision rationale: The Official Disability Guidelines state sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks are three positive physical exam findings that suggest a diagnosis of sacroiliac joint dysfunction, diagnostic evaluation must first address any other possible pain generators, and blocks are to be performed under fluoroscopy. The injured worker has chronic neck and low back pain. The physical exam noted decreased lumbar range of motion secondary to pain, and positive straight leg raise on the right. There was a lack of physical exam findings suggestive of sacroiliac joint dysfunction. Additionally, there was a lack of clear documentation that the injured worker had failed at least 4-6 weeks of aggressive conservative therapy. Furthermore, the request did not indicate if it would be performed under fluoroscopic guidance. As for the reasons listed above the request is not supported by the evidence based guidelines. As such, the request for a Right Sacroiliac Joint Injection is not medically necessary and appropriate.