

Case Number:	CM14-0149700		
Date Assigned:	09/18/2014	Date of Injury:	11/01/2001
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 69 year old male with a date of injury on 11/01/2001. Diagnoses include postsurgical state, sacroiliitis, lumbar lumbosacral neuritis, and cervical disc displacement. The patient is status post lateral interbody fusion on 12/17/2013. Subjective complaints are left lower back pain along the left sacroiliac joint, with radicular pain that radiates into his groin and posterior thigh along an S1 distribution. Physical exam shows tenderness along the left lower back SI joint with provocative maneuvers exacerbating the pain. Medications include Lorcet, Xanax, Lyrica, and Aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI injection under sedation at [REDACTED] with preoperative medical clearance: 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 Injections

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, SI JOINT INJECTIONS

Decision rationale: The ODG recommends SI joint injections following failure of conservative treatment, such as four to six weeks of a comprehensive exercise program, icing, mobilization and anti-inflammatories. Signs of SI joint pathology must be present with documentation of at least 3 positive physical exam findings. The ODG also recommends the following as criteria for the use of sacroiliac blocks: The history and physical should suggest the diagnosis; Diagnostic evaluation must first address any other possible pain generators, and failure of at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. For this patient, there is no documentation of intensive conservative measures directed towards the SI joint, and there is not documentation of the guideline recommended three physical exam signs. Therefore, the request is not medically necessary.