

Case Number:	CM14-0095157		
Date Assigned:	07/25/2014	Date of Injury:	07/30/2010
Decision Date:	09/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 patient is a 56 year old female with an injury date of 07/30/10. The 05/19/14 progress report by [REDACTED] states that the patient presents with ongoing left sided lower back pain radiating into the left buttocks and down the lateral left leg. With medication her pain is rated as 5.5/10 on VAS. The 02/20/14 AME report recommends temporary total disability for 6 weeks to 2 months. The patient walks with an antalgic gait. In palpation there is labia tenderness of the left SI joint and left greater trochanter. Sensation is decreased over the left LS dermatome distribution. The patient's diagnoses include: 1. L4-5 disc degeneration. 2. Left leg radiculopathy. 3. Left sacroiliac joint dysfunction. 4. Greater trochanter bursitis. 5. Status post op left sacroiliac joint fusion (06/12/13). The treater requests for 1 left diagnostic SI joint block. The utilization review being challenged is dated 06/11/14. The rationale is that there was a lack of critical documentation of prior conservative treatment and of prior sacroiliac joint injections. Treatment reports from 01/29/14 to 05/19/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Diagnostic SI Joint Block: 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) Hip and Pelvis Chapter, ODG Treatment Integrated Treatment/Disability Duration Guidelines, Sacroiliac joint blocks - Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) regarding SI joint injections in their Pelvic/Hip chapter.

Decision rationale: The patient presents with left sided lower back pain radiating into the left buttocks. The treater requests for 1 left diagnostic SI joint block. This patient has had SI joint fusion in the past, as well as SI joint injection in the past without much benefit. ODG guidelines allow for these injections when there are at least three positive SI joint provocative maneuvers. Furthermore, for repeat injections, pain reduction and functional benefit must be documented. In this case, the treater asks for an SI joint injection in a joint that was fused with surgery. The treater asks for repeat SI joint diagnostic injection when the injections were already tried in 2012. ODG guidelines do not support repeat injections when the injections have not worked. Recommendation is for denial.