

Case Number:	CM14-0215251		
Date Assigned:	01/02/2015	Date of Injury:	12/23/2009
Decision Date:	02/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old female with a date of injury as 12/23/2009. The worker was injured when she slipped on an orange peel, landing on her left side. The current diagnoses include low back pain with lumbar radiculopathy, left hip pain with likely left greater trochanteric bursitis, left knee pain status post surgery, right knee pain, and right sacroiliac joint pain. Previous treatments include oral medications, right sacroiliac joint injection on 07/16/2014, facet injection on 10/10/2012, and status post left total knee replacement on 02/11/2013. Primary treating physician's reports from the pain management specialist and orthopedic surgeon dated 12/31/2013 through 10/08/2014, operative report dated 07/16/2014, and agreed medical evaluation reports dated 03/04/2014 through 11/19/2014 were included in the documentation submitted for review. Report dated 10/08/2014 from the pain management specialist notes that the injured worker presents with improvement in in her low back since the the previous sacroiliac joint injection performed on 07/16/2014, but it was further reported that symptoms have increased within the last week. The injured worker feels this is related to the knee pain and altered gait. It was further noted that the injured worker felt she had 80% improvement with the injection for approximately two months, but now states it is a 60% improvement overall. Physical examination revealed a antalgic gait, use of a cane to assist with ambulation, decreased lumbar range of motion, decreased sensation in the left L4-L5 dermatomes, straight leg raise test is positive on the left, moderate tenderness to pressure in the left paraspinals at L4-L5 and right sacroiliac joint in the right, and Patrick's test, FABER test, Gaenslen's test all were positive, localizing to the right sacroiliac joint pain. The injured worker is currently not working. The

utilization review performed on 12/10/2014 non-certified a prescription for a right sacroiliac joint injection based on lack of evidence to support use of conservative measures and also lack of evidence to support improvement for a long duration with the first injection. The reviewer referenced the Official Disability Guidelines in making this decision.

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, Low Back Chapter

Decision rationale: The MTUS does not make recommendations on sacroiliac joint injections. The ODG chapter on low back pain recommends sacroiliac joint blocks as an option if 4-6 weeks of aggressive conservative therapy has failed and if at least 70% reduction in pain for greater than 6 weeks with previous injections. The reviewed record notes lack documentation of failed conservative therapy including physical therapy and NSAIDS. Additionally, there was lack of documentation of quantitative results from the previous sacroiliac joint injection; therefore, the requested procedure is not medically necessary.