

Case Number:	CM14-0215671		
Date Assigned:	01/05/2015	Date of Injury:	04/30/2009
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female who sustained cumulative work related injuries with repetitive usage to her neck, right upper extremity, right wrist, right elbow and lower back on April 30, 2009. The injured worker was diagnosed with carpal tunnel right wrist, lumbar facet arthropathy, lumbar and cervical myofascitis. The injured worker is status post right carpal tunnel surgery in June 2014 followed by physical therapy. The injured worker underwent radiofrequency ablation of L4-5 and L5-S1 median nerves and trigger point injection, right rhomboid/right paraspinal on August 5, 2014 and radiofrequency ablation of the left L3-4, L4-5 and L5-S1 median nerves on October 14, 2014. According to the physician's follow up report on November 7, 2014, the injured worker had unrestricted range of motion of the lumbar spine, no tenderness, no spasm and no radiation to the lower extremities. Straight leg raise from supine position was negative at 90 degrees bilaterally. Gait was within normal limits. Hip examination was within normal limits. Currently the injured worker is on oxycodone, Lidoderm and Voltaren cream. The patient has not worked since the date of injury. The physician has requested authorization for a steroid injection of the left SI joint. On December 18, 2014 the Utilization Review denied certification for the steroid injection of the left SI joint. The citation used in the decision process was the Official Disability Guidelines (ODG), Hip & Pelvic chapter regarding recommendations for sacroiliac joint blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid left sacroiliac (SI) 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 (ODG), Hip & 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) Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks

Decision rationale: The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. There is little documentation of the above criteria working an SI joint injection. Steroid left sacroiliac (SI) joint injection is not medically necessary.