

Case Number:	CM14-0217118		
Date Assigned:	01/07/2015	Date of Injury:	11/10/1995
Decision Date:	03/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/29/2014

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: Physical Medicine & Rehabilitation, 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 59 year old male injured worker suffered and industrial injury on 11/10/1995. The diagnoses were brachial and lumbosacral neuritis. The treatments were The treating provider reported severe spinal pain in the lower mid back to the tailbone area, causing uncontrolled bowel movements and left hip pain. The pain made it very difficult to sit or get up. On exam there was positive straight leg raise, tenderness to the sacroiliac joint. The Utilization Review Determination on 12/8/2014 non-certified Cortisone injection to the right S1 joint under fluoroscopy, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right S1 joint under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks

Decision rationale: Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it is unclear whether all other possible pain generators have been addressed. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.