

Case Number:	CM14-0217839		
Date Assigned:	01/07/2015	Date of Injury:	08/02/2005
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
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: 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:

The injured worker was a 51 year old female with a history of a motor vehicle accident in 2005. The accident occurred on the job while transporting patients. The injured worker sustained a back and left hip injury. The injured worker had left hip surgery. The injured worker had lumbar fusion with instrumentation of L4-L5. According to the progress note of September 22, 2014, the injured worker was complaining of right hip pain. An MRI was scheduled for the right hip. The injured worker was off from work pending the results for the right hip MRI. The right hip had 90 degree flexion and rotation with some pain over the right lateral hip and the right groin. The injured worker wears a back brace for pain relief. The injured worker walks with a front wheeled walker. According to the progress note of November 08, 2014, the injured worker continued to have severe back pain, the primary treating physician felt the pain was coming from the S1 joint. The plan was to perform a radiofrequency ablation of S1, if the radiofrequency ablation fails, suggested a fusion of the S1 joint. On December 9, 2014, the UR denied a guided injection of the right S1 joint under fluoroscopic guidance and a guided injection of the left S1 joint under fluoroscopic guidance. The denial was based on MTUS ACOEM guidelines for epidural injection of the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Guided injection of the right SI joint under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Treatment in Workers Compensation, 5th Edition, 2007 or current year, Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis; Sacroiliac joint injections

Decision rationale: MTUS Guidelines do not address this issue in adequate detail. ODG Guidelines address this in detail and due to the uncertain diagnosis and benefits associated with this procedure, the Guidelines recommended a minimum number(3) of consistent exam findings prior to consideration of injections. The requesting physician documents 1 qualifying positive exam finding which Guidelines consider an inadequate number. Additional future testing may support the request, but at this point in time the request for right and left Sacroiliac joint injections under fluoroscopic guidance is not consistent with Guidelines and is not medically necessary.

Guided injection of the left SI joint under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Treatment in Workers Compensation, 5th Edition, 2007 or current year, Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis; Sacroiliac joint injections

Decision rationale: MTUS Guidelines do not address this issue in adequate detail. ODG Guidelines address this in detail and due to the uncertain diagnosis and benefits associated with this procedure, the Guidelines recommended a minimum number(3) of consistent exam findings prior to consideration of injections. The requesting physician documents 1 qualifying positive exam finding which Guidelines consider an inadequate number. Additional future testing may support the request, but at this point in time the request for right and left Sacroiliac joint injections under fluoroscopic guidance is not consistent with Guidelines and is not medically necessary.