

Case Number:	CM15-0116797		
Date Assigned:	06/25/2015	Date of Injury:	01/29/2013
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 43 year-old female who sustained an industrial injury on 01/29/13. She reported back and right hip pain. Diagnoses include lumbago, right sacroiliac joint strain, pain in joint pelvis/thigh, and mild hip osteoarthritis. Treatments to date include physical therapy, pain medication management; cortisone injections in which she said helped but the pain returned, and thermotherapy. Currently, the injured worker complains of right sided pain and painful urination after taking Tramadol. She is only taking aspirin for pain management; her anti-inflammatory medication causes side effects. Her pain is rated as a 9 on a 10 point pain scale. Range of motion produces sacroiliac joint pain at extremes of rotation. The injured worker has classic signs and symptoms of sacroiliac joint inflammation on the right that has failed 2.5 years of physical therapy, medications, and trigger point injections. Treatment recommendations and requests include complete blood count with basic metabolic panel, Right SI (sacroiliac) joint injection, under fluoroscopy, and IV (intravenous) sedation or Mac anesthesia, as outpatient. The injured worker is under modified work restrictions. Date of Utilization Review: 06/09/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI (sacroiliac) joint injection, under fluoroscopy, IV (intravenous) sedation or Mac anesthesia, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Sacroiliac blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injection.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states that SI joint injections should only be performed if the patient has failed aggressive conservative therapy for 4-6 weeks and physical exam clearly point out the etiology of pain to be the SI joint rather than other possible pain originations. The provided clinical documentation fails to meet these standard criteria and therefore the request is not certified.

CBC (complete blood count), BMP (basic metabolic panel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, CB, BMP.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The up-to date guidelines indicate the requested blood work is used in the evaluation of anemia, hematologic disorders, infection, kidney function and metabolic disorders. The provided clinical documentation does not indicate any of these issues and the patient is non high risk medication which would require routine blood chemistries. Therefore the request is not certified.