

Case Number:	CM15-0122161		
Date Assigned:	07/06/2015	Date of Injury:	09/09/2004
Decision Date:	08/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/24/2015

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: 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 injured worker is a year old female, who sustained an industrial injury on September 9, 2004, incurring low back injuries. She was diagnosed with lumbosacral disc disease and right sacroiliitis. Treatment included physical therapy, pain medications, neuropathic medications, surgical disc surgery in 2007, and epidural steroid injection in September, 2012. Currently, the injured worker complained of severe right sided low back pain radiating into the buttocks. She complained of difficulty walking stairs and getting in and out of a chair. The treatment plan that was requested for authorization included an injection to the right sacroiliac joint under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection to the right sacroiliac joint under fluoroscopic guidance: 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, Sacroiliac joint blocks.

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

Decision rationale: Regarding the request for sacroiliac joint injections, CA MTUS does not address the issue. ODG recommends 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 that all other possible pain generators have been addressed and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.