

Case Number:	CM15-0061350		
Date Assigned:	04/07/2015	Date of Injury:	07/23/2013
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	04/01/2015

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: Arizona, California

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 year female, who sustained an industrial injury on 07/23/2013 reported low back pain and initial diagnosis was lumbar strain. On provider visit dated 02/13/2015 the injured worker has reported right low back /buttock pain. On examination of the lumbar spine was noted to have normal flexion with resisted extension, pain with maneuvers to the right sacroiliac joint. The diagnoses have included right buttock pain secondary to sacroilitis versus arthropathy. Treatment to date has included MRI of lumbar spine, physical therapy, medication and orthopedic surgical consultation. The provider requested Right Sacroiliac Joint Injection with Sacroiliac Joint Arthrogram, Fluoroscopic Guidance and IV Sedation for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection with Sacroiliac Joint Arthrogram, Fluoroscopic Guidance and IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hip chapter and hip injections- pg 19 arthrograms pg 8.

Decision rationale: Sacroiliac injections are not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for hip injection (IASHI) OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. Arthrograms are recommended for suspected labral tears. (American, 2003) Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. In this case, the claimant does not have OA. There is no mention of suspected labral tear. The injections are considered an options and not medically necessary.