

Case Number:	CM15-0066127		
Date Assigned:	04/13/2015	Date of Injury:	08/16/2011
Decision Date:	05/27/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/07/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 32 year old female, who sustained an industrial injury on 08/16/2011. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, injections, MRIs, and CT scans. Currently, the injured worker complains of continuing/worsening low back pain with radiating pain to the right groin and right lower extremity. The diagnoses include low back pain, lumbar/sacroiliac pain, post laminectomy syndrome, piriformis syndrome, and pain in joint. The treatment plan consisted of right-sided S1 joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI joint injection: Upheld

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

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: Right SI joint injection is not medically necessary. The CA MTUS guidelines does not make recommendations on sacroiliac joint injections. The ODG chapter on Pelvis and Hip pain recommends sacroiliac joint blocks as an option if 4-6 weeks of aggressive conservative therapy has failed and if at least 70% reduction in pain for greater than 6 weeks with previous injections. The reviewed record notes did not have documentation of failed conservative therapy including 4-6 weeks of physical therapy or patient response of at least 70% reduction in pain for greater than 6 weeks with the previous injections; therefore, the requested procedure is not medically necessary.