

Case Number:	CM15-0072077		
Date Assigned:	04/22/2015	Date of Injury:	07/07/2009
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/15/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 56 year old female, who sustained an industrial injury on July 7, 2009. The injured worker was diagnosed as having chronic pain syndrome, lumbar disc displacement, lumbago, thoracic or lumbosacral neuritis or radiculitis and pain in limb. Treatment and diagnostic studies to date have included sacroiliac injections, therapy and medications. A progress note dated March 12, 2015 provides the injured worker complains of back pain radiating to right leg. She reports she is doing better with current treatment regimen and that injections help her. Physical exam notes supportive corset. The plan includes injection, magnetic resonance imaging (MRI) and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Injection 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-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 low back, SI joint.

Decision rationale: The medical records provided for review do not document the presence of at least 3 positive physical examination findings supportive of SI joint dysfunction and does not document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports SI joint block with: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. As such the medical records provided for review do not support medical treatment of SI joint injection. The request is not medically necessary.