

Case Number:	CM14-0145147		
Date Assigned:	09/12/2014	Date of Injury:	11/10/1995
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old male who reported injury on 11/10/1995. The mechanism of injury was a motor vehicle accident. The injured worker's medications included oxycodone/hydrochloride 30 mg tablets, Naproxen 550 mg tablets, and Pennsaid 1.5% solution. The diagnostics studies included an MRI of the lumbar spine without contrast and x-rays. The surgical history included 6 orthopedic surgeries. Other therapies included psychotherapy and physical therapy as well as injections. The injured worker underwent electrodiagnostic studies. The injured worker received an SI joint under fluoroscopy on 05/01/2014. The documentation of 05/13/2014 revealed the injured worker's low back pain, left elbow pain, left wrist pain, left knee pain and right knee pain had remained unchanged since the last visit. The injured worker's hip pain level had increased by 50%. The documentation of 08/13/2014 revealed the injured worker had hip pain that was bad again. The injured worker had a positive Faber test and tenderness at the sacroiliac (SI) joint. The injured worker had a positive sitting root test. The diagnoses included lumbosacral neuritis NOS and joint derangement NOS, ankle, as well as brachial neuritis. The treatment plan included a sacroiliac joint injection in the left hip. There was a Request for Authorization submitted for the requested sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Sacroiliac joint injection under fluoroscopic needle 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 (Acute & Chronic), 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) Hip & Pelvis Chapter, Sacroiliac joint blocks

Decision rationale: The Official Disability Guidelines recommend the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. The clinical documentation submitted for review indicated the injured worker's pain had increased after the injection not decreased. The pain re-occurred less than 2 weeks after the injection. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the laterality for the requested injection. Given the above, the request for 1 Sacroiliac joint injection under fluoroscopic needle guidance is not medically necessary.