

Case Number:	CM14-0152335		
Date Assigned:	09/22/2014	Date of Injury:	06/24/2010
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 42-year-old male presenting with chronic pain following a work-related injury on 06/04/2010. On 09/02/2014, the claimant reported pain in the lumbosacral spine especially in the bilateral sacroiliac joints with some numbness. The physical exam showed tenderness over the SI joint bilaterally. The range of motion of the back was limited by 10 percent in all planes. Gaenslen's test and flexion, abduction, external rotation (Faber) test were positive bilaterally, decreased sensation in the bilateral feet, bilateral knees were also tender, left knee scar was noted. The claimant was diagnosed with myofascial pain syndrome, chronic, lumbar spine strain, chronic bilateral knee and bilateral SI joint pain. A request was made for SI joint injection bilateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI (sacroiliac) 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 (ODG), Hip and Pelvis (updated 03/25/14), 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) Low back pain, Treatment Consideration

Decision rationale: Bilateral Sacroiliac Joint Injection is not medically necessary. The MTUS does not make recommendations on sacroiliac joint injections. The ODG chapter on low back pain recommends sacroiliac joint blocks as an option if 4-6 weeks of aggressive conservative therapy has failed and if there was 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; therefore the requested procedure is not medically necessary.