

<b>Case Number:</b>	CM13-0031142		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	03/22/2002
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Orthopedic Surgery 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 claimant was injured on March 22, 2002. The records for review included a clinical report on November 13, 2013 that identified the claimant was diagnosed with mechanical back pain, SI joint strain, chronic in nature and degenerative disc disease of the lumbar spine. Prior treatment was documented to include a three level L3 through S1 spinal fusion in 2002 and it also indicates he has responded favorably to previous SI joint injections for "many months at a time". Physical examination findings were not noted. Recommendations were for radiofrequency ablation of the left SI joint and continued use of physical therapy, Flexor patches and medications to include morphine, Norco and work restrictions. It is unclear as to when the claimant's previous SI joint injection had taken place. Previous clinical records for review from March 27, 2013 and April 22, 2013 failed to demonstrate any formal clinical findings. There is a current request for a left SI joint injection to be performed under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE REQUEST FOR OUTPATIENT LEFT SACROILIAC JOINT INJECTION UNDER FLUOROSCOPY: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip Procedure - Sacroiliac Joint Blocks.

**Decision rationale:** The CA MTUS and ACOEM Guidelines do not address sacroiliac joint injections. Based upon the Official Disability Guidelines, an SI joint injection in this case would not be indicated. While taking into account the claimant's prior response to the procedure, there is no current physical examination finding specifically pin pointing the claimant's current complaints to the SI joint. The claimant has had a prior lumbar fusion at multiple levels with continued underlying low back complaints and diagnoses. The documentation does not include a physical examination that would identify other potential pain generators. Furthermore, Official Disability Guidelines only recommend a maximum of four injections over the course of a one year period of time. There is no documentation to determine the dates of the claimant's prior injections or the number of injections received for the year. The absence of this information would fail to meet the Official Disability Guidelines for the proposed injection.