

<b>Case Number:</b>	CM13-0032177		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple prior spine surgeries, including discectomy and laminectomy in 2011 and later one level fusion surgery at L5-S1 on March 12, 2013; prior sacroiliac joint injections in both March and July 2013; unspecified amounts of physical therapy; and extensive periods of time off of work. In a utilization review report of September 6, 2013, the claims administrator denied a request for sacroiliac joint injections, citing an MTUS ACOEM Guideline on facet joint blocks as well as non-MTUS ODG Guideline on facet blocks. The applicant's attorney later appealed. The applicant, it is incidentally noted, has filed claim for derivative mental health issues, it is further noted. In an October 1, 2013 progress notes, the attending provider writes that the applicant is still having low back issues. It is stated that the applicant may have issues with pelvic pain. She is 36 years old. She is on Norco and Percocet for pain relief. It is stated that the applicant has tenderness at the level of the right SI joint with intact strength and reflexes about the lower extremities. It is stated that the additional physical therapy and diagnostic facet joint blocks should be attempted as the applicant may have possible sacroiliitis. In an earlier note of August 22, 2013, the applicant is given diagnoses of facetogenic lumbar pain versus probable bilateral sacroiliitis status post fusion with tenderness appreciated about the SI joint and facet joints. Bilateral sacroiliac joint injections were sought on that day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back Lumbar and Thoracic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Edition, Low Back, Treatments, Injection Therapies, Sacroiliac Joint Injections

**Decision rationale:** The MTUS does not address the topic. As noted in the third edition ACOEM Guidelines on sacroiliac joint injections, sacroiliac joint corticosteroid injections are recommended as a treatment option only for those applicants with the specific known cause of sacroiliitis, such as proven rheumatoid inflammatory arthropathy involving the SI joints. SI joint injections are not recommended for treatment of chronic nonspecific low back pain, including pain to be inputted to the sacroiliac joints. In this case, the applicant does not have a seropositive spondyloarthropathy involving the sacroiliac joints for which SI joints injections would be indicated. Various pain etiologies have been postulated, including facetogenic pain, SI joint pain, and pain associated with indwelling hardware, etc. Per ACOEM, SI joint injections are not recommended in this context. It is further noted that the applicant has seemingly had prior blocks at earlier points in 2013 and failed to derive any lasting benefit or functional improvement through the same. The applicant's failure to return to work and continued reliance on various form of analgesic medications, including opioids, imply a lack of functional improvement as defined in MTUS 9792.20f. For all of these reasons, then, the request is not certified, on independent medical review.