

<b>Case Number:</b>	CM13-0032391		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/06/2009
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/24/2013
<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 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 and 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 37-year-old female who reported an injury on 12/06/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included chronic low back pain, lumbar spondylolisthesis, status post anterior L5-S1 fusion, and lumbar degenerative disc disease, and lumbar spinal stenosis, facet arthropathy, left Piriformis syndrome, sacroiliac joint dysfunction, and myofascial pain. The previous treatments included medication, physical therapy, and a TENS unit. The diagnostic testing included an EMG/NCV, and an MRI. Within the clinical note dated 07/23/2013, it was reported the injured worker complained of low back pain. She reported the pain radiated down the left leg with a tingling sensation. Upon the physical examination, the provider noted the injured worker had significantly reduced active range of motion and passive range of motion of hip flexion. The provider indicated the injured worker's lower extremity strength was 5/5. The injured worker had reduced sensation to light touch in the L4-S1 distribution over the left lower extremity. There was tenderness to palpation over the lumbar paraspinal muscles, and positive tenderness and taut bands in the bilateral gluteal muscles with twitch response. The injured worker had a negative FABERE, negative Gaenslen's, and a positive Gillett's test bilaterally. The injured worker had positive tenderness to palpation over the bilateral PSIS joints. The request submitted is for bilateral sacroiliac joint injection. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL SI JOINT INJECTION UNDER FLUOROSCOPY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Sacroiliac Joint Injections.

**Decision rationale:** The request for bilateral sacroiliac joint injections under fluoroscopy is not medically necessary. The Official Disability Guidelines recommend a sacroiliac joint injection as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy. The history and physical should suggest the diagnosis of documentation of at least 3 positive exam findings of a specific test for motor palpation and pain provocation at the described for sacroiliac joint dysfunction, including cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Gillett's test, Patrick's test, FABERE test. There is a lack of objective findings indicating the injured worker had sacroiliac joint dysfunction. There is a lack of clinical documentation of failure of conservative care. Additionally, the documentation submitted did not indicate the injured worker had 3 positive exam findings for specific tests on the physical exam. Therefore, the request is not medically necessary.