

<b>Case Number:</b>	CM13-0041299		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/07/2008
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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:

Claimant is a year old female with date of injury 9/7/2008. Progress note dated 9/25/2013 reports that the claimant has constant aching pain in the lumbosacral junction into both buttocks and down the left foot to the entire left foot. The claimant reports numbness and tingling in the left foot in the same distribution. The claimant reports constant aching pain in the right knee located in the midpoint of the patella. There is also constant aching pain in the dorsal aspect of the left foot and pain in the neck. The claimant is depressed and has difficulty functioning getting out of bed. Exam show pain in the back with palpation in the lumbosacral region and posterior superior iliac spine bilaterally. Gaenslen's test is positive, FABER(Flexion, Abduction, External Rotation, and Extension) tests were positive and pelvic compression test is positive. There are spasms in the lower lumbar paravertebral muscles bilaterally. Range of motion of the lumbosacral spine is limited. Straight leg raise is positive at 70 degrees bilaterally. There is weakness in the left dorsiflexors graded 4+/5. There is decreased pinprick in the anterolateral aspect of both regions. The provider states that the claimant has bilateral L5 and S1 radiculopathy on EMG with concordant findings on the exam. The claimant had relief from epidural steroid injections. The provider recommends sacroiliac joint injections, trial of spinal cord stimulator and cognitive behavioral therapy. Other diagnoses include 1) major depression disorder 2) agoraphobia with panic disorder 3) pain in joint, ankle and foot 4) degenerative lumbosacral intervertebral disc 5) lumbago 6) thor/lumbosacral nurit/radiculitis 7) stress fracture of the metatarsals 8) sprain & strain unspecified site knee & leg 9) lumbar sprain and strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Hip and Pelvis Chapter)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Sacroiliac joint injection is not addressed by California MTUS. Per the ACOEM, 3rd edition: The sacroiliac joints (SIJs) are believed to cause a minority of chronic LBP cases, with estimates ranging from 10 to 26.6%. The most commonly performed interventions are sacroiliac joint injections either with or without fluoroscopic or other imaging guidance. The injection targets the most tender area and generally consists of a glucocorticosteroid combined with a local anesthetic agent. The combination of agents is frequently designed to attempt to be both diagnostic and therapeutic. However, the diagnostic precision of these injections is likely limited by factors that include the inability to inject the joint directly without fluoroscopic or other imaging, as well as the infiltration and diffusion of medication into surrounding tissues that could be potential pain generator. Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease); or any radicular pain syndrome. The clinical notes indicate that the claimant has low back pain with radicular symptoms. There is no evidence of a rheumatologic inflammatory arthritis involving the sacroiliac joints. The request for sacroiliac joint injections is determined to be not medically necessary.