

<b>Case Number:</b>	CM13-0048297		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/29/2000
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 61-year-old with date of injury 07/29/00. Patient has diagnoses of lumbago, hip and pelvic pain, SI (sacroiliac) joint dysfunction and leg pain. According to progress report dated 11/14/13 by [REDACTED], patient complains of pain in the buttocks located in the left and right leg sciatica radiating to the knee. He also reports difficulty in standing up from a sitting position. He describes his pain as constant and aching with a pain scale of 5/10 with medication use. He reports medications help with activities of daily living and improvement of his quality of life. Physical examination shows tenderness over the facet joints, paraspinal areas, spinous processes, left and right sacroiliac joint tenderness, left and right sciatic notch tenderness. Overall fine motor movement is intact. The patient also has quite an extensive list of medication including : Norco 10mg, Toradol 2cc, and Doxepin among others. The treater is requesting 3 bilateral sacroiliac joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**three bilateral sacroiliac joint injections as outpatient:** Upheld

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

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

**Decision rationale:** The patient has pain in the left and right sciatica area radiating to his knees. The treater is requesting 3 bilateral sacroiliac joint injections. MTUS and ACOEM are silent with regards to this request. However, ODG guidelines recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. In this case, the patient's examination showed facet joint tenderness and not SI joint tenderness and there are no documentation of 3 SI joint exam findings. The request for three bilateral sacroiliac joint injections as outpatient is not medically necessary or appropriate