

<b>Case Number:</b>	CM13-0048820		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	12/20/2005
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 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 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 patient is a 48-year-old female who has submitted a claim for Sacroiliac Ligament Sprain, Degenerative Lumbar Disc Disease, and Lumbar Sprain/Strain, associated with an industrial injury date of December 20, 2005. Medical records from 2013 were reviewed, which showed that the patient complained of low back and left leg pain, rated 8/10. On physical examination, left hip range of motion was decreased and was painful. Back range of motion was also decreased. Tenderness of the back was also noted. Treatment to date has included medications. Utilization review from October 28, 2013 denied the request for Lumbar Spine S1 Joint Block Injections because the physical exam did not describe findings that suggest that the SI joint was the patient's main pain generator and there was no documentation of failure of conservative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Spine SI Joint Block Injection: 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), Hip and Pelvis Chapter, Sacroiliac Joint Injections (SJI), Sacroiliac joint blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to page 309 of the ACOEM Guidelines referenced by California MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. In this case, given the 2005 date of injury, the patient's pain may no longer be considered in the transitional phase between acute and chronic pain. Furthermore, a rationale for the requested procedure was not provided. There is no clear indication for sacroiliac joint blocks. Therefore, the request for Lumbar Spine S1 Joint Block Injection is not medically necessary.