

<b>Case Number:</b>	CM13-0049708		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 02/01/12 while stepping on luggage when she slipped. She developed low back pain and bilateral leg pain. Treatments have included chiropractic care including multiple sessions of extracorporeal shock wave treatments without benefit. She has had acupuncture treatments, physical therapy treatments, used a lumbar support, and used TENS with benefit. EMG/NCS testing on 01/21/13 was negative. An MRI of the lumbar spine on 05/24/13 showed a 2 millimeter L1-2 central disc protrusion. She underwent a left sacroiliac joint injection on 05/22/13 with a 50% improvement and bilateral transforaminal epidural steroid injections on 08/14/13 with a 60% improvement. She was seen by the requesting provider on 09/26/13. She was having low back pain with decreased range of motion with pain radiating into both legs and she was also having left buttock pain radiating into the thigh associated with numbness and tingling. Physical examination findings included lower extremity weakness and positive left Gaenslen, Patrick, and sacroiliac joint thrust tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SECOND LEFT SACROILIAC JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Sacroiliac joint blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196-197.

**Decision rationale:** The claimant is being treated for chronic back and radiating leg pain with lumbar MRI findings and response to epidural steroid injections consistent with radicular pain. Sacroiliac joint injections are not recommended for treatment of any radicular pain syndrome. Guidelines also recommend against sacroiliac joint injections for subacute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints, without evidence of inflammatory sacroiliitis (rheumatologic disease). In this case, there is no evidence by imaging or lab testing or by history of an inflammatory spondyloarthropathy such as ankylosing spondylitis. Therefore, per MTUS, the request is not medically necessary.