

<b>Case Number:</b>	CM13-0057077		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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 26-year-old female who reported an injury on 11/24/2010. The mechanism of injury was not provided. Current diagnoses include lumbar sprain, lumbago, multiple lumbar disc herniation, lumbar radiculitis, lumbar paraspinal muscle spasm, and sacroiliitis. The injured worker was evaluated on 06/05/2013. The injured worker reported 8/10 pain. Physical examination revealed severe guarding to deep palpation bilaterally associated with severe myofascial pain of the lumbar paraspinal muscles, severe myofascial spasm, tenderness to palpation over the bilateral sacroiliac joints, positive Gaenslen's testing, positive sacroiliac joint thrust testing, and positive Patrick's/FABER testing. The injured worker also demonstrated positive Adson's testing, decreased range of motion, positive straight leg raise, weakness, and intact sensation. Treatment recommendations at that time included authorization for bilateral sacroiliac joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 BILATERAL 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 (ODG), Low Back-Lumbar & Thoracic Chapter

**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 Chapter, Sacroiliac Joint Block.

**Decision rationale:** The Official Disability Guidelines (ODG) states that the history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings. There should also be documentation of a failure of at least 4 to 6 weeks of aggressive conservative therapy. As per the documentation submitted, there is no indication of a failure to respond to aggressive conservative therapy including physical therapy, home exercise, and medication management. The injured worker also underwent a left sacroiliac joint injection on 02/13/2013 and a right sacroiliac joint injection on 02/27/2013. There was no evidence of greater than 70% pain relief with objective functional improvement following the initial injection that would warrant a repeat injection. The request for 1 bilateral sacroiliac joint injection under fluoroscopic guidance is not medically necessary and appropriate.