

<b>Case Number:</b>	CM13-0058509		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Interventional Spine 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 56 year old male with a date of injury of 06/21/2012. The listed diagnoses per [REDACTED] are: 1. Sacroiliitis 2. Spondylosis without myelopathy 3. Radiculitis 4. Lumbar disc degenerative disease According to report dated 11/13/2013 by [REDACTED], the patient presents with low back pain that radiates to both lower extremities to the posterior calves. The pain is rated at 8/10. Examination showed SI joint tenderness to palpation. Patient has positive facet loading maneuvers bilaterally. Sacral thrust, Faber's and Gaenslen's test are all negative. MRI of the lumbar spine from September 2012 revealed, L4-5 and L5-S1 degenerative disc disease with tiny L4-5 annular fissure and L5 pars defect without anterolisthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL SACROILIAC JOINT 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.

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

**Decision rationale:** The patient presents with low back pain. The treater is requesting a bilateral SI joint injection. The MTUS and ACOEM do not discuss sacroiliac joint injections. However, ODG guidelines states that SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG guidelines states, "Criteria for the use of sacroiliac blocks: 1. the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings..." Other requirements are failure of conservative care, and a positive diagnostic response is at least 80% reduction of pain following the injection. In this case, the treater indicates that the patient has negative Sacral thrust, Faber's and Gaenslen's tests. Given the negative examinations for SI joint maneuvers, recommendation is for denial.