

<b>Case Number:</b>	CM13-0059873		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California and Virginia. 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 49 year old female who was injured on 09/17/2012 while she was lifting a patient back in bed with help of another employee when she developed pain in the lower back. Prior treatment history has included aqua therapy, modified duties, physiotherapy, chiropractic and medication including Naprosyn. Sport Progress note dated 10/25/2013 stated the patient complains of constant pain with radiation down the lateral buttock. MRI results were negative. She has failed all conservative care greater than 6 weeks. She takes Naprosyn for pain with benefit at night and during the day INCR pain in the SI joint area. Objective findings on exam revealed tenderness to palpation of the left lumbar paraspinal muscles, SI joint and sciatic notch. She has decreased extension and flexion; EHL, TA strength is 5/5 bilateral She is able to toe and heel walk. There are sensation changes but no dermatome related. She has atypical straight leg raise with low back pain only on right. She has a positive FABER on the right and pain with resisted abduction test and pelvic compression. The patient is diagnosed with lumbosacral strain. The patient has not reached MMI for ortho at this time. It was discussed with the patient about a SI joint injection as it was previously authorized with old PTP [REDACTED]. Therefore, a SI joint injection is requested for authorization, to be performed by pain management based on positive physical examination findings, negative MRI and has failed aggressive conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HIP AND PELVIS SECTION, SACROILIAC JOINT DYSFUNCTION

**Decision rationale:** Per ODG guidelines, sacroiliac joint injections are recommended as an option if patient has failed to show improvement with at least 4 - 6 weeks of aggressive conservative therapy and there is documented history and physical exam findings to support the diagnosis of sacroiliac joint dysfunction. There should be evidence of trial of conservative treatment, including exercise program, mobilization/manipulation, and anti-inflammatories as well as clinical evidence of sacroiliac joint dysfunction. While there is a statement indicating a failure of conservative treatment, there is no documented evidence of failure to improve with a comprehensive conservative exercise program, local icing, mobilization, and anti-inflammatories. There are also previous chiropractic notes indicating reports of overall improvement (decrease in symptoms, increased motion capability, and increased function) with chiropractic treatment. Based on the lack of evidence indicating failure of conservative treatment and the criteria for sacroiliac joint injections, the request is non-certified.