

<b>Case Number:</b>	CM13-0062406		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/08/2002
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 8, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; unspecified amounts of physical therapy over the life of the claim; and epidural steroid injection therapy. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for left-sided SI joint injection therapy. The applicant's attorney subsequently appealed. A clinical progress note of June 10, 2013 is notable for comments that the applicant reports persistent low back pain radiating to thigh, exacerbated by ambulation. The applicant was given prescriptions for Relafen, Cymbalta, and Norco. An updated lumbar MRI and epidural steroid injection therapy were endorsed. A later appeal letter of December 12, 2013 is notable for comments that the applicant has chronic low back pain status post discectomy and fusion procedure. The applicant is on Lyrica and Cymbalta, it is stated. The applicant has reportedly severe tenderness about the SI joints. SI joint injection therapy is endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### LEFT SI JOINT INJECTIONS (MD PREFERENCE [REDACTED])

[REDACTED]: 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, Pelvis Chapter-sacroiliac Joint Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, sacroiliac joint corticosteroid injections are recommended as a treatment option for applicants with a specific known cause of sacroiliitis, such as a rheumatologically proven inflammatory arthritis or inflammatory arthropathy involving the SI joints. In this case, however, the applicant has chronic nonspecific low back pain. Various theories for the applicant's low back pain have been postulated, including lumbar radiculopathy, for which the applicant later received a discectomy, fusion, and epidural steroid injection therapy. There is no evidence that the applicant carries any systemic rheumatologic process such as HLA positive spondyloarthropathy, rheumatoid arthritis, etc., involving the sacroiliac joints for which sacroiliac joint injection therapy would be indicated, per ACOEM. Therefore, the original utilization review decision is upheld. The request remains non-certified, on Independent Medical Review.