

<b>Case Number:</b>	CM14-0101926		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/26/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 is a 34 year old male presenting with chronic pain following a work related 12/26/2003. The claimant was diagnosed with lumbar stenosis, low back pain, lumbar radicular pain, lumbar disc herniation, annular tear of the lumbar disc, and fusion of the spine in the lumbar region. The claimant is status post L4-5 laminectomy/discectomy on 3/31/2014 and an L4-5 revision decompression and fusion of the lumbar spine on 06/28/2005. The claimant was treated conservatively with pain medications, steroid injections, aquatic and physical therapy. The claimant had previous sacroiliac joint injections on the left on 11/13/2013 and on the right on 11/19/2013. The physical exam showed positive Faber test and a positive Gaenslen's with tenderness over the trochanteric bursa bilaterally. CT scan showed solid fusion at L4-5, multi-level degenerative disc disease and facet arthrosis. A claim was made for sacroiliac joint injection with sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac Joint Injection x 1 with Fluoroscopy Guidance and Moderate sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 12 Edition (web), 2014, Hip & Pelvis- Sacroiliac joint blocks.

**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 Chapter, Treatment Considerations.

**Decision rationale:** Sacroiliac Joint Injection x 1 with Fluoroscopy Guidance and Moderate sedation is not medically necessary. The MTUS does not make recommendations on sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if 4-6 weeks of aggressive conservative therapy has failed and if at least 70% reduction in pain for greater than 6 weeks with previous injections. The reviewed record notes that the claimant had sacroiliac joint injection without significant relief and there is lack of documentation of failed conservative therapy. Additionally, moderate sedation is not recommended with sacroiliac joint injections; therefore the requested procedure is not medically necessary.