

<b>Case Number:</b>	CM14-0102858		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 27-year-old male who reported a cumulative trauma injury on 11/09/2009. The current diagnosis is lumbago. The injured worker was evaluated on 04/23/2014. It is noted that the injured worker is status post lumbar fusion on 05/28/2013. Previous conservative treatment includes chiropractic therapy, physical therapy, medication management, and epidural steroid injections. The injured worker reported significant pain in the left SI joint and mild pain in the lower extremities. Physical examination revealed a well-healed incision, normal motor strength, and severe tenderness to palpation of the left sacroiliac joint. Treatment recommendations at that time included a left sacroiliac joint injection and AP/lateral x-rays of the lumbar spine. There was no Request for Authorization Form submitted on the requesting date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inject sacroiliac joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip and Pelvis 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 state prior to a sacroiliac joint block, the history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings. There should be documentation of a failure of at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. As per the documentation submitted, the injured worker has been previously treated with conservative therapy. The injured worker does present with severe tenderness at the sacroiliac joint region. However, there is no documentation of at least 3 positive examination findings. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.