

<b>Case Number:</b>	CM14-0105778		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 60-year-old male was reportedly injured on October 15, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 6, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a positive pelvic thrust test on the left side. There were also a positive Faber's test and stork maneuver. There was also a positive Gaenslen's test. There was a positive straight leg raise test at 90 degrees. Diagnostic imaging studies of the lumbar spine showed moderate canal stenosis at L3-L4, L5-S1, and severe canal stenosis at L4-L5. There were a spondylolisthesis of L4 on L5 and a mild retrolisthesis of L5 on S1. Previous treatment included an L5-S1 laminectomy and foraminotomy performed on January 31, 2012 and a left sided sacroiliac joint (SI) injection. A request had been made for a repeat sacroiliac joint injection and was not certified in the pre-authorization process on June 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Sacroiliac Joint Injection (unspecified side): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute LLC; Corpus Christi, TX; www.odg-twc.com; Section: Hip & Pelvis( Acute & Chronic) updated 03/25/2014.

**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, Sacroiliac Joint Block, updated March 25, 2014.

**Decision rationale:** A review of the attached medical record indicated that the injured employee received a prior sacroiliac (SI) joint injection on May 23, 2013. It was stated that the injured employee did not have any relief from this injection. Therefore, this request for a repeat SI joint injection is not medically necessary.