

<b>Case Number:</b>	CM14-0106092		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/13/2005
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 09/13/2005. The mechanism of injury was not provided for review. The injured worker's diagnoses included chronic low back pain, meralgia paresthetica, sacroiliitis, lumbar spondylosis, and lumbar radiculopathy. The injured worker's treatment history included L4-5 and L5-S1 fusion, physical therapy, epidural steroid injections, and multiple medications. The injured worker was evaluated on 06/06/2014. It was noted that the injured worker had ongoing pain complaints of the low back radiating into the bilateral lower extremities. Physical findings included tenderness to the thoracic spinous process. Evaluation of the sacroiliac joint documented a positive compression test, a positive distraction test, a positive right-sided Yeoman's test, a positive right-sided FABER test, and a positive right-sided fortin finger test. The injured worker had limited range of motion secondary to pain. The injured worker's treatment plan included a sacroiliac joint injection followed by medial branch block facet injections at the L3-4 if the sacroiliac joint injection produces no results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic right sacroiliac joint injection for the right lumbar spine:** 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; Official Disability Guidelines (ODG) Low Back 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 and Pelvis Chapter, Sacroiliac joint blocks.

**Decision rationale:** The requested diagnostic right sacroiliac joint injection for the right lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address sacroiliac joint blocks. Official Disability Guidelines recommend that all other pain generators be addressed prior to a sacroiliac joint block. Additionally, it is recommended that the injured worker undergo at least 4 to 6 weeks of aggressive conservative therapy prior to a sacroiliac joint block. The clinical documentation submitted for review does indicate that the injured worker could possibly have facet generated pain. Additionally, the clinical documentation does not provide any evidence that the injured worker has participated in aggressive therapy directed specifically toward the sacroiliac joint. Therefore, a sacroiliac joint injection would not be indicated in this clinical situation. As such, the requested diagnostic right sacroiliac joint injection for the right lumbar spine is not medically necessary or appropriate.