

<b>Case Number:</b>	CM14-0108744		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 47-year-old female was reportedly injured on April 10, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 10, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated tenderness of the right sacroiliac joint as well as tenderness and spasms over the lumbar paraspinal muscles. There was severe facet tenderness from L4 through S1. There was a positive right-sided straight leg raise test at 70 and decreased lumbar spine range of motion. Muscle strength was 4/5 on the right side with knee extension and EHL extension. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar epidural steroid injections, physical therapy, chiropractic care, and home exercise. A request had been made for a right sided sacroiliac joint injection and was not certified in the pre-authorization process on July 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sacroiliac Joint Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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, Sacroiliac Joint Blocks, Updated March 25, 2014.

**Decision rationale:** According to the Official Disability Guidelines the criteria for sacroiliac blocks include history and physical examination which suggest a diagnosis of sacroiliac joint pain and at least three positive physical examination findings. The attach medical record only indicates the presence of a positive FABER's test specific for the sacroiliac joint. Considering this, the request for a right sacroiliac joint injection is not medically necessary.