

<b>Case Number:</b>	CM14-0013482		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/02/2009
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 55-year-old female who has submitted a claim for Chronic Right Low Back Pain, Chronic Right Lower Limb Pain, Chronic Right L5 Radiculopathy, Multiple Degenerative Lumbar Discs, Lumbar Facet Joint Hypertrophy, and Right Sacroiliac Joint Dysfunction, associated with an industrial injury date of March 2, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating down the back of her buttocks and down her right foot. She also reported swelling, numbness, and prickly feeling over the sole of the right foot. On physical examination, there was tenderness over the right L4-5 and sacroiliac joint region. Trunk flexion and extension range of motion was decreased. Straight leg raise and Patrick's tests were positive on the right. No motor deficits were reported. Deep tendon reflexes were 3+ and symmetric on both lower extremities. No recent imaging studies were included in the records for review. Treatment to date has included medications, right L4-5 microdiscectomy/laminectomy, epidural steroid injection, Racz procedure with epidural adhesiolysis, and psychotherapy. Utilization review from January 10, 2014 denied the request for RIGHT SACRAL ILIAC JOINT INJECTION because the available patient information received did not provide compelling reasons to override cited guidelines that are not supportive of the requested procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SACRAL ILIAC JOINT INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 185. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Web, Hip & Pelvis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. In this case, the request for right sacroiliac joint injection was made because of right sacroiliac joint pain. However, given the 2009 date of injury, the patient's low back pain is considered chronic in nature and is no longer in the transitional phase between acute and chronic pain. A clear rationale was not provided as to why sacroiliac joint injection was prescribed despite these guideline recommendations. Therefore, the request for RIGHT SACRAL ILIAC JOINT INJECTION is not medically necessary.