

<b>Case Number:</b>	CM14-0136855		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Interventional Spine and is licensed to practice in California. 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 36 years old female with an injury date on 04/03/2013. Based on the 08/13/2014 progress report provided by [REDACTED], the diagnoses are: sacroiliitis, pain in joint pelvic region and thigh and degenerative Lumbar/lumbosacral intervertebral disc. According to this report, the patient complains of low back pain with lower extremity numbness, tingling, and weakness. The pains is describes as "constant, stabbing, exhausting, burning, sharp, dull, aching, throbbing, weakness and tiring." The patient rated the pain as a 9/10 on a good day and a 10/10 on a bad day. Physical exam of the lumbar spine reveals tenderness at L3-4 level and left SI joint. Positive straight leg raise on the left and decreased strength in the left/right lower extremity was noted. There were no other significant findings noted on this report. The utilization review denied the request on 08/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/27/2013 to 08/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SI Joint Syndrome. Decision based on Non-MTUS Citation ODG guideline SI joint injections in their Pelvic/Hip

**Decision rationale:** According to the 08/13/2014 report by [REDACTED] this patient presents with low back pain with lower extremity numbness, tingling, and weakness. The physician is requesting left SI injection. Regarding diagnostic sacroiliac joint injections, ODG guidelines recommend SI joint injection for 3 positive exam maneuvers which this patient does have per examination. Given the patient's SI joint symptomology a diagnostic sacroiliac joint injection is within ODG guidelines. Therefore the request is medically necessary.