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| <b>Case Number:</b>   | CM14-0137401 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 04/18/2009 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 08/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2014 |

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured on 4/18/2009. She was diagnosed with lumbar sprain with left radicular pain, lumbar degenerative disc disease with minimal bulging (based on MRI). She was treated with medications, home exercises, and lumbar injection. No evidence of any formal physical therapy was seen in the documents available for review. On 9/23/13, the worker was seen by her primary treating physician complaining of her chronic low back/hip pain with left leg radiation. There was tenderness over the sacroiliac joint, tenderness of the lumbar spine region, but no tenderness over the sciatic notch. FABER test was negative, Patrick's test was negative, and the straight leg raise was positive. A referral for a sacroiliac joint injection was then recommended. On 12/5/13, the worker received a left sacroiliac joint injection. She, unfortunately did not gain any benefit after this injection, reportedly according to the notes available for review. She however continued to take Motrin and follow up with her physician. On 3/24/2014, the worker was again seen by her primary treating physician complaining of her same low back and leg symptoms and severity. Discussion of a neurosurgeon who agreed that she needed surgery took place and the worker showed interest in this. Physical examination revealed negative FABER, negative Patrick's test, normal hip flexion range of motion, and positive straight leg raise. Later, on 8/18/2014, a request for the sacroiliac joint injection was again made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left 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 (ODG).

**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 section, Sacroiliac joint blocks.

**Decision rationale:** The ODG Guidelines state that sacroiliac joint injections are conditionally recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy (medications, physical therapy, etc.). In the case of this worker, the diagnosis of sacroiliac joint pain was not completely confirmed with physical examination findings with her physician, however, muscle spasm in that area was apparent. Unfortunately the previous attempt to perform a sacroiliac joint injection on the left side did not result in any improvement. Therefore, it is not appropriate to consider another injection of this kind. Therefore, the sacroiliac joint injection is not medically necessary.