

<b>Case Number:</b>	CM14-0152578		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 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:

This is a 52 year old female with a 9/21/12 injury date. The mechanism of injury was not provided. In a 11/21/14 follow-up, subjective complaints included lower back and knee pain. Objective findings were discussed by the provider as being indicative of SI joint pathology. A request was made to repeat the SI joint injections. Diagnostic impression: right sacroiliitis. Treatment to date: medications. A UR decision on 9/15/14 denied the request for right sacroiliac joint injection on the basis that the records did not provide enough detail to understand the magnitude or duration of improvement from prior SI joint injections.

### 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 (ODG) Treatment in Workers Compensation/Hip-Sacroiliac Joint Injection

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter.

**Decision rationale:** CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). However, there is not enough information to support the medical necessity of the request. There are very limited documented objective exam findings and no imaging findings available. Prior conservative treatment for SI joint symptoms is not documented. Therefore, the request for right sacroiliac joint injection is not medically necessary.