

<b>Case Number:</b>	CM14-0165586		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a request for sacroiliac joint injections. A lumbar MRI of June 30, 2014, it is incidentally noted, was interpreted as normal. In a handwritten note dated March 17, 2014, the applicant reported persistent complaints of low back pain with derivative complaints of anxiety, depression, and frustration. The applicant's low back pain was radiating to the bilateral lower extremities. Injection therapy was sought while the applicant was kept off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**inject sacroiliac joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, Low Back Treatments, Injection Therapies, Sacroiliac Joint Injections.

**Decision rationale:** The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, sacroiliac joint injections are not recommended in the treatment of radicular pain syndromes, as appears to be present here. Rather, ACOEM notes that SI joint injections should be reserved for applicants with a rheumatologically proven spondyloarthropathy involving the sacroiliac joints. In this case, however, there was no evidence that the applicant carried any specific rheumatologic diagnosis such as an HLA-B27 positive spondyloarthropathy implicating the SI joints. Therefore, the request is not medically necessary.