

<b>Case Number:</b>	CM14-0027358		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 34 year old male with a 1/2/2013 date of injury. The injury occurred when the patient picked up a log from a tree and as he straightened up, he felt the sudden onset of pain to his low back. A progress reported dated 1/6/14 noted subjective complaints of low back pain. Objective findings included positive Patrick's sign on the right and positive lumbar spine tenderness to palpation. Diagnostic Impression: lumbar spine pain, lumbar degenerative disc disease, lumbar radiculopathy. Treatment to Date: physical therapy, medication management. A UR decision dated 2/19/14 denied the request for right sacroiliac joint injection with fluoroscopy x 1. The documentation lacks multiple provocative SI joint findings and there is no evidence of recent comprehensive treatments that have been tried and failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SACROILIAC JOINT INJECTION WITH FLUOROSCOPY TIMES 1:** 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 Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter

**Decision rationale:** The injury occurred when the patient picked up a log from a tree and as he straightened up, he felt the sudden onset of pain to his low back. A progress reported dated 1/6/14 noted subjective complaints of low back pain. Objective findings included positive Patrick's sign on the right and positive lumbar spine tenderness to palpation. Diagnostic Impression: lumbar spine pain, lumbar degenerative disc disease, lumbar radiculopathy. Treatment to Date: physical therapy, medication management. A UR decision dated 2/19/14 denied the request for right sacroiliac joint injection with fluoroscopy x 1. The documentation lacks multiple provocative SI joint findings and there is no evidence of recent comprehensive treatments that have been tried and failed. Therefore, the request is not medically necessary.