

<b>Case Number:</b>	CM14-0036628		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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 September 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; an earlier L4-L5 lumbar microdiscectomy with subsequent revision; unspecified amounts of physical therapy, aquatic therapy, and acupuncture; and at least one prior lumbar sacroiliac injection. In a Utilization Review Report dated March 17, 2014, the claims administrator denied a request for sacroiliac joint injection therapy. Non-MTUS ODG Guidelines were cited. The applicant's attorney subsequently appealed. In a March 28, 2014 medical-legal evaluation, the medical-legal evaluator stated that the applicant was not permanent and stationary at this time but stated that it was unlikely that the applicant would be able to return to his former employment. On April 29, 2014, the applicant presented with persistent complaints of knee and leg pain. The applicant was placed off of work, on total temporary disability. The applicant stated that an earlier SI joint block was useful but that he needed another. The applicant stated that his current medication regimen of temazepam, lidocaine, Flexeril, Neurontin, and Norco was insufficient in terms of controlling his pain. Further SI joint injection therapy and sacroiliac joint blocks were sought. The applicant's diagnoses included dysthymia, chronic low back pain, sacroiliitis, lumbago, internal derangement of knee, and sleep disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection of sacroiliac joint, anesthetic/steroid with fluoroscopy Quantity: 1: 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)-TWC regarding Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Injection Therapy section.

**Decision rationale:** As noted in the Third Edition ACOEM Guidelines, sacroiliac joint injections are not recommended in the non-specific low back pain context but, rather, reserved for applicants who have some rheumatologically-proven spondyloarthropathy implicating the sacroiliac joints. In this case, however, the applicant has nonspecific low back pain versus radicular low back pain status post earlier microdiscectomy. There is no evidence of a rheumatologically-proven spondyloarthropathy involving the sacroiliac joints. Therefore, the request is not medically necessary.

**Moderate sedation for injection procedure of sacroiliac joint:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Injection Therapies topic.

**Decision rationale:** This request is a derivative request, to be performed in conjunction with the SI joint injection requested above, in question. Since that request was deemed not medically necessary, the derivative request to perform the procedure under moderate sedation is likewise deemed not medically necessary.