

<b>Case Number:</b>	CM14-0037041		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 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 and sacroiliac joint pain reportedly associated with an industrial injury of October 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; three earlier sacroiliac joint injections in November 2013; transfer of care to and from various providers in various specialties; epidural steroid injection therapy in unspecified amounts; and unspecified amounts of physical and chiropractic manipulative therapy over the life of the claim. In a Utilization Review Report of March 18, 2014, the claims administrator denied a request for sacroiliac joint injection therapy. The applicant's attorney subsequently appealed, on April 10, 2014. In an earlier note of November 20, 2013, the applicant underwent three sacroiliac joint injections. The applicant was given a lumbar support as well as prescriptions for Motrin, Prilosec, tramadol, and Flexeril. The applicant's work status was not clearly detailed on that point. In a subsequent note dated March 8, 2014, the applicant was described as having tried a variety of treatments, including epidurals, physical therapy, injections, TENS unit, and topical agents. Chiropractic manipulative therapy was endorsed. The applicant was described as reporting low back pain radiating to the left leg. He reported some weakness about the left leg and also alleged erectile dysfunction secondary to pain. Sacroiliac joint injection therapy and manipulative therapy were sought. The applicant was given a diagnosis of lumbar spondylosis, SI joint pain, and lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SACROILIAC JOINT INJECTION WITH FLUROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation ODG Hip/Pelvis

**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, Sacroiliac Joint Injection section

**Decision rationale:** As noted in the Third Edition ACOEM Guidelines, sacroiliac joint injections are only recommended in applicants in whom there is a specifically known cause for SI joint pathology, such as a rheumatologically proven spondyloarthropathy such as HLA-positive B27 spondyloarthropathy, rheumatoid arthritis involving the SI joints, etc. In this case, however, the applicant has chronic nonspecific back pain which has been, at times, attributed to radiculopathy, spondylosis, and/or SI joint pathology. There is no clear evidence of any rheumatologic disease process involving or implicating the SI joints. It is further noted that the applicant has had several prior SI joint injections over the life of the claim and has failed to achieve any lasting benefit or functional improvement through the same. The applicant does not appear to have returned to work. The applicant remains highly reliant on numerous analgesic and adjuvant medications, including Motrin, tramadol, Flexeril, topical compounds, etc. All of the above, taken together, imply that the previous epidural injections were unsuccessful. The request is therefore not medically necessary and appropriate.