

<b>Case Number:</b>	CM14-0039905		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of December 26, 2012. A utilization review determination dated march 25, 2014 recommends certification of L3-4 bilateral medial branch blocks and non-certification of right sacroiliac injection. Non-certification of the right sacroiliac injection was due to lack of significant improvement in pain or function following a previous right sacroiliac injection on January 27, 2014. A qualified medical evaluation dated march 25, 2014 indicates that the patient continues to have intermittent low back pain. The physical examination identifies a normal neurologic examination and a reduced lumbar spine range of motion. The diagnoses include lumbar strain, prior L4-5 fusion, and lumbar degenerative disc disease. The note indicates that the patient has received a couple of sacroiliac joint injections with no improvement in lower back symptoms. Future treatment states, "Further sacroiliac joint injections are not indicated." A progress report dated march 18, 2014 indicates that the patient underwent 2 injections at the right sacroiliac joint which offered little relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines/Hip & Pelvis Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

**Decision rationale:** Regarding the request for sacroiliac joint injection, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria includes: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. Additionally, there is no documentation of analgesic response or objective functional improvement from previous SI injections. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injection is not medically necessary.