

<b>Case Number:</b>	CM14-0044336		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and is licensed to practice in Nevada. 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 injured worker is a 58-year-old female who was reportedly injured on 10/13/2008. The mechanism of injury was not listed. The most recent progress note dated 3/20/2014, indicated, that there were ongoing complaints of low back pain. Physical examination demonstrated tenderness to sacroiliac joints and lumbar paraspinal muscles with spasming, bilateral facet loading signs, decreased lumbar spine range of motion, positive Gaenslen's and Patrick's tests, decreased sensation to right S1 dermatome and moderately antalgic gait. Magnetic resonance image of the lumbar spine dated 3/10/2014, demonstrated mild degenerative disk disease at L2-L3. Previous treatment included lumbar facet injections, sacroiliac joint injections, physical therapy and medications to include Flexeril, tramadol ER and Zanaflex. A request was made for bilateral sacroiliac joint injections and was not certified in the utilization review on 3/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL SACROILIAC JOINT INJECTIONS:** 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), Hip / Pelvis, Bilateral SI injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically sited).

**Decision rationale:** California Medical Treatment Utilization Schedule / American College of Occupational and Environmental Medicine practice guidelines do not support sacroiliac (SI) joint injections for acute, subacute, or chronic low back pain. The only clinical indication for a SI joint injection is for therapeutic treatment, for rheumatological inflammatory arthritis involving the sacroiliac joints. Review of the available medical records failed to provide any documentation of a diagnosis of rheumatoid arthritis with SI joint arthritis. As such, this request is not considered medically necessary.