

<b>Case Number:</b>	CM14-0054268		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Interventional Spine 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 patient is a 59-year-old male with an injury date of 06/21/2009. The listed diagnoses per [REDACTED] dated 02/10/2014 are: 1. L4-S1 pseudarthrosis 2. Status post L4-S1 posterior spinal instrumentation and fusion. 3. Status post spinal cord stimulator, 6/24/2013. 4. Successful spinal cord stimulator trial. 5. Regional pain syndrome right lower extremity. 6. Failed back syndrome. 7. Status post removal of spinal cord stimulator. According to this report, the patient complains of "low back pain radiating into the buttocks rated an 8/10 on VAS, with numbness in the right posterior thigh, rated a 6-7 /10 on VAS, and pain into the knees and dorsal and plantar aspect of the feet, rated a 6/10 on VAS." There is tenderness to palpation over the right sacroiliac joint. The patient walks with an antalgic gait pattern. There were no other significant findings noted on this report. The utilization review denied the request on 04/07/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 02/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sacroiliac (SI) injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the 02/10/2014 report by the treating physician, this patient presents with back pain radiating into the buttocks. The treater is requesting a right sacroiliac injection. The utilization review (UR) denial letter states, "The 02/24/14 report does not identify at least three of these findings to substantiate the diagnosis of SI joint dysfunction to support the need for injection." Review of the report does not show any evidence of prior sacroiliac joint injection(s). The Official Disability Guidelines recommend sacroiliac (SI) joint injections when the examination shows three (3) positive SI joint maneuvers. In this case, the treater documents tenderness over the SI joint and pain radiating into the buttocks, but no other SI joint examination findings are documented. The patient also does not present with a history of pelvic fracture or a fall injury that typically can result in SI joint problem. The request is not medically necessary.