

<b>Case Number:</b>	CM14-0065901		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/02/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 records presented for review indicate that this 60-year-old male was reportedly injured on May 2, 2000. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated July 23, 2014, indicates that there are ongoing complaints of low back pain. Current medications include gabapentin, lidocaine, Flexeril, Celebrex, allopurinol, and Vicodin. The physical examination demonstrated tenderness at the lumbar sacral junction and at the sacroiliac (SI) joints bilaterally. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed a grade one spondylolisthesis of L5 on S1 as well as degenerative changes at L1-L2 and L2-L3. Previous treatment includes chiropractic visits. A request had been made for sacroiliac joint injections under fluoroscopy followed by physical therapy and was not certified in the pre-authorization process on April 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac (SI) Injection under fluoro:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint Blocks, Updated March 25, 2014.

**Decision rationale:** According to the Official Disability Guidelines the criteria for sacroiliac joint injections include a history and physical examination consistent with a diagnosis of sacroiliac joint pain as well as documentation that physical therapy, home exercise, and medication management have failed. The most recent progress note dated July 23, 2014, does not indicate that there is any pain or tenderness at the sacroiliac joints. Furthermore there is no documentation that the injured employee has failed to improve with conservative measures. Considering this, the request for sacroiliac joint injections under fluoroscopy is not medically necessary.

**Post Injection Physical Therapy for ten sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.