

<b>Case Number:</b>	CM14-0071867		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier L4-L5 microdiscectomy surgery in 2013; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated May 2, 2014, the claims administrator denied a request for sacroiliac joint injection therapy. The applicant's attorney subsequently appealed. On June 17, 2014, the applicant presented reporting persistent complaints of low back pain radiating to the legs. The applicant is status post two epidural steroid injections, it was stated. The applicant had failed physical therapy and opioid therapy of Vicodin, it was seemingly suggested. Overall, reporting was somewhat incongruous as one section of the attending provider's report acknowledged that the applicant had had microdiscectomy at L4-L5 in the past while another section of the report stated that the applicant has had "never had spine surgery." The applicant was using Lodine, Voltaren gel, Lyrica, Norco, and Percocet, it was acknowledged. Tenderness about the left-sided SI joint was reported. Left-sided piriformis injection was endorsed on this occasion. The sacroiliac joint injection was seemingly requested via an April 24, 2014 progress note, which also suggested that the applicant had tenderness about the left SI joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation eMedicine article, "Sacroiliac Joint Injury" (Author: Andrew L Sherman, MD, MS, Associate Professor of Clinical Rehabilitation Medicine, Vice Chairman, Chief of Spine and Musculoskeletal Services, Program Director, SCI Fellowship and PMR Residency Programs, Department of Rehabilitation Medicine, Leonard A Miller School of Medicine, University of Miami).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, sacroiliac joint injections are not recommended for chronic nonspecific low back pain and/or radicular pain syndromes, both of which are seemingly present here. ACOEM notes that sacroiliac joint injection should be reserved for applicants who have a proven rheumatologic inflammatory arthropathy involving the SI joints, as, for instance, an HLA-positive B27 spondyloarthropathy. In this case, however, the applicant has been given various diagnoses including piriformis syndrome, lumbar radiculopathy status post earlier microdiscectomy, sacroiliac joint pain, etc. There is, however, no evidence of any rheumatologic process implicating the SI joints present here. Therefore, the request is not medically necessary.