

<b>Case Number:</b>	CM14-0072263		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/31/2002
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/16/2014
<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 Physical Medicine & 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 47-year-old gentleman was reportedly injured on January 31, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 2, 2014, indicates that there are ongoing complaints of back pain. Current medications include MS Contin, Norco, and OxyContin. Pain is stated to be 8-9/10, on the visual analog scale, without medications and 2/10, on the visual analog scale, with medication. The physical examination demonstrated tenderness of the lumbar paraspinal muscles as well as tenderness in the right sacroiliac (SI) joint. Diagnostic imaging studies objectified were not reviewed during this visit. Previous treatment was not discussed. A request had been made for a right-sided SI joint injection and was not certified in the pre-authorization process on April 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sacroiliac Joint Injection with Fluoroscopic Guidance for the Lumbar Spine:** 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), Treatment Index, 12th Edition (Web), 2014, Hip & Pelvic Chapter, Sacroiliac Joint Injections.

**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.

**Decision rationale:** According to the Official Disability Guidelines the criteria for the use of sacroiliac joint blocks includes failure of conservative treatment to include physical therapy, home exercise, and medication management. Additionally there should be physical examination with documentation of at least three positive specific sacroiliac joint physical examination findings. Considering that there is no documentation regarding failure of improvement with conservative treatment are there any positive sacroiliac joint findings, this request for a right sacroiliac joint injection with fluoroscopic guidance for the lumbar spine is not medically necessary.