

<b>Case Number:</b>	CM14-0076815		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 53 year old male with date of injury 3/21/11. The mechanism of injury is stated as cumulative trauma. The patient has complained of cervical, thoracic and lumbar spine pain since the date of injury with radiation of pain to the right leg. He has been treated with physical therapy, medications and epidural corticosteroid injection. MRI of the lumbar spine dated 02/2014 revealed degenerative disc disease at L4-5 and L5-S1 with neuroforaminal stenosis bilaterally at these levels. Objective: decreased and painful range of motion of the lumbar spine, right sacroiliac joint tenderness with palpation, positive straight leg raise right side, weakness of right ankle dorsiflexors. Diagnoses: degenerative disc disease lumbar spine, radiculopathy lumbar spine. Treatment plan and request: right sacroiliac joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI (sacroiliac) Joint Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Update, Low Back Pain page 185, SI injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** This 53 year old male has complained of cervical, thoracic and lumbar spine pain with radiation of pain to the right leg since date of injury 3/21/11. He has been treated with physical therapy, medications and epidural corticosteroid injection. The current request is for right sacroiliac joint injection. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, right sacroiliac joint injection is not indicated as medically necessary.