

<b>Case Number:</b>	CM14-0077493		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/13/2007
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/20/2014
<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 Neurological Surgery 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 injured worker is a 56-year-old male who was reportedly injured on November 13, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 7, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated the injured employee to have an antalgic gait. There were sacroiliac (SI) joint tenderness and a positive Patrick's test bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included SI joint injections with pain relief for several months' time. A request was made for bilateral SI joint injections and was not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Sacroiliac Joint Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Medical Standard Practice of Care, Online Article; eMedicine, Sacroiliac Joint Injury, Department of Rehabilitation Medicine.

**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, sacroiliac (SI) joint injections are not recommended, unless the patient has first failed to improve with at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Although the injured employee was stated to have had previous SI joint injections, there was no documentation that he has failed to improve with these other conservative measures. As such, this request for bilateral sacroiliac joint injections is not medically necessary.