

<b>Case Number:</b>	CM14-0079920		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 injured worker is a 42-year-old gentleman who was reportedly injured on January 20, 2011. The mechanism of injury is noted as lifting a couch. The most recent progress note dated June 23, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated decreased lumbar spine range of motion and a positive left-sided straight leg raise test. There was pain with sacroiliac joint compression. Diagnostic imaging studies of the lumbar spine revealed a small central L5 - S1 annular tear. Previous treatment includes a lumbar spine epidural steroid injection and a left-sided sacroiliac joint injection. A request was made for a left-sided sacroiliac joint injection and was not certified in the pre-authorization process on April 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation (ODG-TWC): Hip & Pelvis Procedure Summary.

**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 a sacroiliac joint block includes documentation of at least three positive exam findings indicative of sacroiliac joint pain as well as documentation of failure to improve with aggressive conservative therapy to include physical therapy, home exercise, and medication management. The most recent progress note dated June 23, 2014, only indicates two positive sacroiliac joint tests and there is no documentation of failure to improve with physical therapy. As such, this request for a left-sided sacroiliac joint injection is not medically necessary.