

<b>Case Number:</b>	CM14-0089278		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/11/2001
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 63 year old male with a work related injury on 4/11/01. Documentation reflects that had a left sacroiliac joint injection on 02/25/08 and another injection on 11/10/08 with greater than 50% decrease in pain, improved range of motion, and improved walking tolerance. He was also able to decrease Vicodin use. His left sacroiliac joint injection done on 08/10/09 provided excellent relief of greater than 75% and then the 05/21/12 sacroiliac joint steroid injection also provided excellent relief. Medical Records reflect the claimant had an electrodiagnostic study of the lower extremities performed on 03/25/02 showed physiologic evidence suggestive of a developing peripheral polyneuropathy with primary sensory involvement secondary to the sural latency slowing, very mild in category; and no electrophysiologic evidence for an acute or chronic right or left lumbosacral radiculopathy. On 05/21/14, the patient was complaining of back pain radiating from his low back down to both legs. His activity level has remained the same. He reported improvement since increasing pain medication; however, he continued to note increasing tenderness over his left sacroiliac joint. Examination revealed restricted lumbar range of motion with flexion limited to 70 degrees, extension limited to 20 degrees limited by pain, right and left lateral bending limited to 20 degrees, lateral rotation to the left limited to 20 degrees, and lateral rotation to the right limited to 20 degrees and limited by pain. Gaenslen's, FABER, Fortin tests were positive. Lumbar facet loading was still positive on the left side. There was tenderness noted over the left sacroiliac joint. Treatment plan was for a left sacroiliac joint injection and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac Joint Injection Left Side: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac joint blocks.

**Decision rationale:** CA MTUS and ACOEM is silent regarding this request. ODG notes that a SIJ is recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. Based on the records provided, there is an absence in documentation noting that this claimant has had aggressive conservative therapy prior to performing the requested injection. Additionally, in this case, the pain generator has not been confirmed. The claimant has some radicular pain going down the extremities. He also has an electrodiagnostic study showing some peripheral polyneuropathy. Therefore, based on the records provided, the medical necessity of a left sacroiliac joint injection is not established as medically necessary.