

<b>Case Number:</b>	CM14-0096531		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Orthopedic Surgery 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:

The injured worker is a 55-year-old female who reported an injury on 03/29/2012 secondary to lifting a heavy object. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, acupuncture, and medications. The injured worker was evaluated on 06/05/2014. It was noted that the injured worker complained of limited range of motion of the lumbar spine with pain radiating into the lower extremities noted to be 9/10. Physical findings included weakness and tingling along the bilateral legs exacerbated by activities of daily living. It was noted that the injured worker had severe sacroiliac joint inflammation with signs and symptoms of radiculitis or radiculopathy. It was noted that the injured worker had a positive Gaenslen's test, positive Patrick/fabere test, and a positive sacroiliac pelvic thrust test. The injured worker's diagnoses included lumbar musculoligamentous injury, lumbar paraspinal muscle spasming, lumbar disc herniation, lumbar radiculopathy of the lower extremities, and sacroiliitis of the right sacroiliac joint. The injured worker's treatment plan included bilateral transforaminal lumbar epidural steroid injections at the L4-5 and L5-S1 and sacroiliac joint injections under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection to right sacroiliac joint of 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: Treatment Index: Hips and Pelvis Chapter Sacroiliac Joint Blocks.

**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 Chapter, Scroiliac blocks.

**Decision rationale:** The requested injection to the right sacroiliac joint of the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this request. The Official Disability Guidelines recommend sacroiliac joint blocks for injured workers who have well-documented sacroiliac joint dysfunction that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has sacroiliac joint dysfunction that has failed to respond to physical therapy. However, the clinical documentation indicates that the injured worker's treatment plan includes transforaminal epidural steroid injections and a sacroiliac joint block. The Official Disability Guidelines do not recommend that lumbar epidural steroid injections and sacroiliac joint injections be performed on the same day. As this is not clearly indicated within the submitted documentation, the requested injection for the right sacroiliac joint of the lumbar spine would not be supported by guideline recommendations. As such, the requested injection to the right sacroiliac joint of the lumbar spine is not medically necessary or appropriate.