

<b>Case Number:</b>	CM14-0162624		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 39 year old female, who sustained an industrial injury on 6/12/2012. Diagnoses include sacroiliac joint dysfunction, paraspinous muscle spasm, failed back surgery syndrome, bilateral lower extremity radiculopathy, insomnia, anxiety, situational stress and lumbar degenerative joint disease. Treatment to date has included surgical intervention (L3-4 discectomy) as well as conservative measures including medications, physical therapy, aqua therapy and radiofrequency ablation. Per the Primary Treating Physician's Progress Report dated 9/12/2014 the injured worker reported "I am much better now but pretty stiff and sore." Physical examination revealed pain level 6-7/10. He still has increased pain but is able to ambulate and sit up straight, mood is clam and participative. The plan of care included medications and injections and authorization was requested on 9/22/2014 for bilateral sacroiliac joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) bilateral sacroiliac (SI) joint injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (updated 03/25/14), Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac injections.

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient's file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generators have been excluded. Therefore, the requested for 2 bilateral sacroiliac (SI) joint injections is not medically necessary.