

<b>Case Number:</b>	CM14-0197555		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 19, 2013. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a sacroiliac joint injection. The claims administrator noted that the applicant had previously approval for earlier SI injection on September 30, 2014. The claims administrator referenced an RFA form dated November 3, 2014 in its denial. The applicant's attorney subsequently appealed. On May 15, 2014, the applicant reported ongoing complaints of low back pain with associated muscle spasms, at times severe, 8-9/10, exacerbated by standing, walking, and climbing. The applicant had no significant medical history. The applicant's medication list was not clearly detailed. The applicant did report weakness in and paresthesias about the bilateral lower extremities, however. In a medical-legal evaluation dated August 13, 2014, the applicant was described as having had a lengthy history of treatment, including physical therapy, epidural injections, and trigger point injections. Multifocal complaints of shoulder, mid back, and low back pain were noted. It was suggested that the applicant was working with limitations in place. In a progress note dated July 26, 2014, the applicant was described as status post recent epidural steroid injection, which had generated 50% improvement. Persistent complaints of low back, knee, and lower extremity pain were reported. The applicant did exhibit positive left-sided straight leg raising. The applicant had 3.3 mm disk bulge at L4-L5 generating associated lateral recess narrowing, the attending provider posited. The applicant was asked to return to work with restrictions. On November 8, 2014, the applicant again reported persistent complaints of low back pain, 6/10. The applicant reported exacerbation of pain while negotiating stairs. The attending provider stated that the applicant was pending epidural steroid injection therapy. A third

epidural steroid injection was endorsed. The applicant was asked to continue to work with restrictions in place.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1st Right Sacroiliac Joint Injection under Fluoroscopy Guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Sacroiliac Joint Blocks-Hip and Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Sacroiliac Joint Injections.

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that sacroiliac joint injections are "not recommended" for applicants who carry a diagnosis of radicular pain syndrome, as appeared to be the case here. The applicant has a disk bulge at L4-L5 generating associated nerve root impingement, the attending provider has posited. The applicant has ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant is status post multiple epidural steroid injections. All of the foregoing, taken together, strongly suggests that the applicant's primary pain generator is, in fact, lumbar radiculopathy, a diagnosis for which sacroiliac joint injections are deemed "not recommended," per ACOEM. Rather, ACOEM suggests reserving sacroiliac joint injections for applicants with some rheumatologically-proven spondyloarthropathy implicating the sacroiliac joints. In this case, there is no evidence that the applicant has any rheumatologic pathology or rheumatologic arthropathy implicating the sacroiliac joints. Therefore, the request is not medically necessary.