

<b>Case Number:</b>	CM14-0200928		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 September 22, 2003. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve a request for sacroiliac joint blocks. The claims administrator noted that the applicant had a history of multiple prior lumbar fusion surgeries, prior lumbar facet blocks, subsequent lumbar fusion surgery with hardware removal, and subsequent spinal cord stimulator implantation. The claims administrator also alluded to an RFA form of October 27, 2014 and associated progress notes of December 30, 2014 and September 2, 2014 in its denial. The applicant's attorney subsequently appealed. On October 28, 2014, the applicant reported persistent complaints of burning low back pain radiating to the left leg, left hip, and buttock, highly variable, 5-8/10. The applicant was on Desyrel, Norco, Neurontin, Motrin, Zanaflex, Neurontin, and Prilosec, it was acknowledged. The applicant was given a Toradol injection. Sacroiliac joint injection therapy was sought. The applicant's work status was not clearly outlined. In an earlier note dated October 21, 2014, the applicant reported 7/10 low back pain radiating to the left leg, exacerbated by lifting, bending, and stooping. The applicant was using Norco and Methadone, it was stated at this point in time. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient sacroiliac joint injection on left under fluoroscopy: 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 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 section

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that sacroiliac joint injections are not recommended in the treatment of radicular pain, as appears to be present here. Here, the applicant's primary pain generator does appear to be ongoing lumbar radiculitis. The applicant is consistently described on multiple office visits, referenced above, as reporting ongoing complaints of low back pain radiating to the left leg. The applicant has undergone multiple lumbar spine surgeries, presumably for lumbar radiculopathy. The applicant is on Neurontin, again presumably for residual lumbar radiculopathy. Thus, the applicant's primary diagnosis of lumbar radiculopathy is not a condition for which sacroiliac joint injections are indicated per ACOEM. ACOEM notes that sacroiliac joint injections should be reserved for applicants with a rheumatologically-proven arthropathy involving or implicating the sacroiliac joints. Here, there is no evidence that the applicant has a rheumatologically- proven spondyloarthropathy implicating the sacroiliac joints. Therefore, the request is not medically necessary.