

<b>Case Number:</b>	CM14-0203253		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/14/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This is a 54 year old female who suffered an industrial related injury on 10/28/03. The injured worker had a discectomy at L4-5 in 2011. A physical therapy report dated 4/28/14 noted the injured worker had lumbar spine and hip mobility deficits along with hypertone paraspinals piriformis. A physician's report dated 5/21/14 noted the injured worker was attending physical therapy sessions and had complaints of left low back pain, intermittent spasms, and left groin pain. The treating physician's report dated 7/3/14 noted the injured worker had complaints of back and knee pain. The physical examination revealed tenderness and pain with motion. On 11/4/14 the utilization review (UR) physician denied the request for 1 left sacroiliac joint injection. The UR physician noted the use of a sacroiliac joint injection is not appropriate at this time due to generalized lower back pain which radiates down both extremities. The submitted documentation findings reveal orthopedic findings in multiple levels of the lumbar spine as well as tenderness over the sacroiliac joint but there are no other positive orthopedic findings that indicate the sacroiliac joint is the pain generator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac Joint Injection:** 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 (Acute & Chronic), Sacroiliac Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac injections. According to Official Disability 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 file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for left sacroiliac joint injection is not medically necessary.