

<b>Case Number:</b>	CM15-0164936		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	04/02/2006
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old female, who sustained an industrial injury on 4-2-2006. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral degenerative disc disease, facet syndrome, failed back surgery, chronic pain syndrome and depression. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-1-2015, the injured worker complains of low back pain radiating to the calf, insomnia and anxiety. Physical examination showed normal gait and decreased sensation to the right lumbar 4-5. The treating physician is requesting bilateral SI joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **S1 Joint Injection (bilateral S1): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** The claimant has a remote history of a work-related injury in April 2006 and is being treated for low back pain. When seen, she was having bilateral buttock pain extending to the calf with numbness and tingling. There was a BMI of over 33. There was lumbar tenderness with positive straight leg raising. There was sacroiliac joint tenderness with positive Fabere testing bilateral. Sacroiliac joint injections were requested. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the requesting provider documents only one post sacroiliac joint test. The above criteria are not met and the requested sacroiliac joint injection is not medically necessary.