

<b>Case Number:</b>	CM15-0181389		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on 1-23-12. The current diagnoses or physician impression includes bilateral sacroiliitis and lumbar degenerative disc disease. His work status is full time employment. A report dated 7-30-15 reveals the injured worker presented with complaints of bilateral sacroiliac joint pain. A physical examination dated 7-30-15 revealed mild lumbar tenderness on palpation and mild discomfort with lumbar extension and rotation. There is mild to moderate tenderness at the bilateral sacroiliac joints (left greater than right). The patient has had positive Patrick and hip thrust test. The medication list includes Ibuprofen, Hydrocodone and Zanaflex. An examination dated 5-11-15 reveals severe tenderness to the bilateral sacroiliac joints (left greater than right). Treatment to date has included bilateral sacroiliac joint injection on 6-10-15, which provided pain relief from 8 out of 10 to 0-1 out of 10, per note dated 7-30-15. The note further states he experienced immediate pain relief, which allowed him to work full time and ride for prolonged periods in a car. A note dated 3-12-15 states the injured experienced pain relief, for 2 months, from the bilateral sacroiliac joint injections done on 1-5-15 of 90% with some residual spasms in his legs. Aquatic therapy was not beneficial, per note dated 6-8-15. A request for authorization dated 8-13-15 for bilateral sacroiliac joint injections x2 is denied due to lack of documentation the previous injection lasted at least 2 months, per Utilization Review letter dated 8-20-15. Previous conservative therapy notes were not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral sacroiliac joint injections x 2: 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, Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, Hip & Pelvis (updated 09/24/15), Sacroiliac joint injections (SJI).

**Decision rationale:** Request: Bilateral sacroiliac joint injections x 2. California Medical Treatment Utilization Schedule (MTUS) does not address SI joint injection under fluoroscopy. Therefore ODG used. As per ODG Sacroiliac injections, therapeutic "Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology." The cited guide line do not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support and instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. The patient has received an unspecified number of conservative therapy visits for this injury. The previous conservative therapy notes were not specified in the records provided. A response to recent rehabilitation efforts including physical therapy and chiropractic sessions was not specified in the records provided. Evidence of lack of response to conservative treatment including exercises, physical methods was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Bilateral sacroiliac joint injections x 2 is not medically necessary.