

<b>Case Number:</b>	CM15-0196051		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 55-year-old female with a date of industrial injury 5-14-2012. The medical records indicated the injured worker (IW) was treated for chronic low back pain; lumbar disc disease with annular tear at L3-4 and L4-5 per MRI; right L5 radiculopathy; chronic neck pain; possible myofascial pain syndrome with normal cervical spine MRI; and bilateral chronic sacroiliac joint pain. In the progress notes (8-25-15), the IW reported low back pain radiating to the right leg and burning pain in the left buttock with bending. She rated her pain 6 to 7 out of 10 without medications and 4 out of 10 when she takes them, which was relatively unchanged since her 2-10-15 visit. On examination (8-25-15 notes), straight leg raise was mildly positive on the right. There was tenderness over both sacroiliac joints. Faber's and Gaenslen's tests were positive bilaterally and Gillet's test was positive. There was sensitivity to touch over the right L5 and S1 dermatomes. She ambulated without an assistive device with a waddling gait. Treatments included physical therapy, about 12 sessions; bilateral sacroiliac joint injections (1-6-15), which provided about 50% pain relief for almost six months; lumbar epidural steroid injection (2014), with 50% pain relief in the right posterior leg; and acupuncture, which was helpful. MRI of the lumbar spine (6-27-14) showed several disc bulges and facet arthropathy. The IW was permanent and stationary with permanent work restrictions. A Request for Authorization was received for one left sacroiliac joint injection. The Utilization Review on 9-2-15 non-certified the request for one left sacroiliac joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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 and Chronic).

**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, Sacroiliac joint blocks.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case, there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection. Therefore, the guideline criteria have not been met and the request is not medically necessary.