

<b>Case Number:</b>	CM15-0207360		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/26/2007
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 26, 2007. In a utilization review report dated September 18, 2015, the claims administrator failed to approve a request for bilateral sacroiliac joint injections. A September 2, 2015 office visit was referenced in the determination. On said September 2, 2015 office visit, the claimant reported ongoing complaints of neck and low back pain. The claimant was given diagnosis of bilateral lower extremity radiculitis and degenerative disc disease of the lumbar spine. The claimant was off of work, the treating provider acknowledged. Heavy lifting remained problematic. The claimant was asked to pursue the sacroiliac joint injections in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral SI joint injection X 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac injections, diagnostic.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 611.

**Decision rationale:** No, the request for sacroiliac joint injection was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, page 300 notes that invasive techniques and injection therapy, as a whole, are deemed of "questionable merit." The Third Edition ACOEM Guidelines, Low Back Disorders Chapter further notes that sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as was seemingly present here but, rather, should be reserved for applicants who carry a diagnosis of rheumatologically proven spondyloarthropathy implicating the SI joints. Here, however, there is no mention of the applicant's having rheumatologically proven spondyloarthropathy implicating the SI joints, such as an HLA-B27 positive spondyloarthropathy, for instance. Therefore, the request was not medically necessary.