

<b>Case Number:</b>	CM15-0218142		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 66 year old female, who sustained an industrial injury on 7-8-2014. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for L5-S1 spondylolisthesis and S1 radiculopathy. Medical records dated 9-28-2015 indicate the injured worker complains of back and leg pain with numbness. She reports prior injections provided greater than 90% relief for 3 months. Physical exam dated 9-28-2015 notes lumbar tenderness to palpation and decreased deep tendon reflexes. Treatment to date has included magnetic resonance imaging (MRI), injections, medication and activity modification. The original utilization review dated 10-15-2015 indicates the request for right sacroiliac joint injection is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sacroiliac Joint Injection Related to Lumbar Injury As Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

**Decision rationale:** Regarding the request for Right Sacroiliac Joint Injection Related to Lumbar Injury As Outpatient, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Also, the block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it is unclear whether all other possible pain generators have been addressed, since the injection done on 6-25-2015 was done at the same time as an epidural steroid injection was done, which is not recommended by guidelines. In the absence of clarity regarding these issues, the currently requested Right Sacroiliac Joint Injection Related to Lumbar Injury as Outpatient is not medically necessary.