

<b>Case Number:</b>	CM15-0033308		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 36year old female, who sustained a work/ industrial injury on 10/16/13 while pushing a box in a conveyor belt and fell on the right knee. She has reported symptoms of right leg and low back pain rated 8/10. The diagnoses have included moderate disc space narrowing, hyperlordosis, lumbar herniated nucleus pulposus and radiculopathy and right S1 joint dysfunction. Treatments to date included: chiropractic care (9 sessions), acupuncture (4 sessions), medication, and diagnostics. Diagnostics included a Magnetic Resonance Imaging (MRI) on 11/26/13 with findings of chondromalacia, intrasubstance degeneration involving the posterior horn of the medial meniscus. Medications included Norflex ER, Naproxen, Prilosec, Capsaicin, and Orphenadrine. The treating physician's report (PR-2) from 12/9/14 indicated the IW continued with back and right leg pain, which increased in the lower back area. The pain extended to the legs and was worse with ambulation, cold weather, walking or excessive activity. Medication improved the pain to 5-6/10. Examination noted the IW to be slow and antalgic with an antalgic gait. The IW was positive in Fortin's over the right sacroiliac S1 joint, decreased range of motion in the lumbar spine, decreased sensation throughout the right lower extremity, motor strength of 5/5, hyperreflexic on the right patellar and Achilles reflexes. The straight leg raise was negative bilaterally. On 2/9/15 Utilization Review non-certified Right Sacroiliac Joint Injection, citing the Non- MTUS, ACOEM Guidelines: Official Disability Guidelines Low Back, Hip & Pelvis was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 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 Low Back, Hip & Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacroiliac joint injections (SJI), [http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm) .

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. In this case, the patient had a normal lower extremity EMG/NCV study. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore the request for Right Sacroiliac Joint Injection is not medically necessary.