

<b>Case Number:</b>	CM15-0037991		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/07/1998
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 7, 1998. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve a request for sacroiliac joint injection therapy. The claims administrator referenced an RFA form received on December 9, 2014 in its determination. The applicant's attorney subsequently appealed. On December 15, 2014, the applicant reported persistent complaints of low back pain radiating to the right thigh. Left lower extremity paresthesias were evident. The applicant was using a lumbar support. The applicant also apparently exhibited sacroiliac joint tenderness. Pain complaints as high as 8/10 was noted. The applicant was using Norco, Neurontin, and topical lidocaine, it was acknowledged. The applicant was status post failed lumbar spine surgery, it was further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sacroiliac anesthetic steroid block injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Low Back, Treatments; Injection Therapies and Sacroiliac Joint Injections.

**Decision rationale:** No, the request for a left sacroiliac joint injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that sacroiliac joint injections are not recommended in the treatment of either chronic nonspecific low back pain or the radicular low back pain seemingly present here. The applicant has ongoing complaints of low back pain radiating to the legs. The applicant continues to report issues with paresthesias about the same. The applicant was status post a failed lumbar spine surgery, presumably for a primary diagnosis of lumbar radiculopathy. The applicant was using Neurontin, again seemingly for residual radicular pain complaints. Sacroiliac joint injections, thus, are not indicated in the radicular pain context present here, per ACOEM. Therefore, the request was not medically necessary.

**Right sacroiliac anesthetic steroid block 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 (ODG), Low Back and Hip & Pelvis, Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Low Back, Treatments; Injection Therapies and Sacroiliac Joint Injections.

**Decision rationale:** Similarly, the request for right-sided sacroiliac joint injection therapy was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that sacroiliac joint injections are not recommended for applicants with nonspecific low back pain and/or applicants with radicular pain syndrome. Rather, ACOEM suggests reserving sacroiliac joint injection therapy for those applicants who have some rheumatologically-proven spondyloarthropathy implicating the sacroiliac joints. Here, however, all evidence on file pointed to the applicant's carrying a primary diagnosis of lumbar radiculopathy. The applicant had undergone an earlier failed lumbar fusion surgery, presumably for radicular pain. The applicant had been given gabapentin, an anticonvulsant adjuvant medication, again presumably for residual radicular pain complaints. Sacroiliac joint injection therapy is not, per ACOEM, indicated in the radicular pain syndrome context present here. Therefore, the request was not medically necessary.

