

<b>Case Number:</b>	CM15-0043380		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 50-year-old male, who sustained an industrial injury on January 14, 2013. The injured worker was diagnosed as having low back pain with radiating symptoms to the right lower extremity, right sacroiliac joint arthropathy, and rule out lumbar spondylosis. Treatment to date has included MRI and medications including pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On January 15, 2015, the injured worker complains of continued low back pain, which is constant. The pain is more severe in the right lumbosacral area radiating to the right lower extremity. The physical exam revealed tenderness over the lumbar spinous process, bilateral posterior superior iliac spine, right sacroiliac joint, and the facet joints. The right straight leg raise was positive, causing pain back pain in supine position. There was a positive right Fabere test and decreased range of motion. The treating physician noted the injured worker did not respond to conservative treatment such as medications and therapies. The treatment plan includes a steroid injection to the right sacroiliac joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right Sacroiliac Joint Steroid Injection under Fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Hip and Pelvis.

**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:** 1 Right Sacroiliac Joint Steroid Injection under Fluoroscopy is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that the criteria for the use of sacroiliac blocks include that the history and physical should suggest the diagnosis (with documentation of at least 3 positive specific exam findings. The documentation does not indicate 3 positive specific exam findings for sacroiliac dysfunction as recommended per the ODG. The request for 1 right sacroiliac joint steroid injection under fluoroscopy is not medically necessary.