

<b>Case Number:</b>	CM15-0057101		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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  
Certification(s)/Specialty: Emergency 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 29 year old female, who sustained an industrial injury on 08/20/2011. On provider visit dated 01/07/2015 the injured worker has reported back pain (6/10). On examination of the she was noted to have a normal gait, well healed incision, tenderness to palpation, Positive Faber and Gleason test, decreased sensation to bilateral medial and lateral legs and straight leg raise causes low back pain. The diagnoses have included status post L4-5 and L5-S1 laminotomy/decompression, lumbar herniated nucleus pulposus and lumbar stenosis. Treatment to date has included MRI of lumbar spine, physical therapy, home exercise program, medication. The provider requested left sacroiliac joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left 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, Hip & Pelvis, Sacroiliac Joint Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

**Decision rationale:** The requested Left Sacroiliac Joint Injection, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has back pain (6/10). On examination of the she was noted to have a normal gait, well healed incision, tenderness to palpation, Positive Faber and Gleason test, decreased sensation to bilateral medial and lateral legs and straight leg raise causes low back pain. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, Left Sacroiliac Joint Injection is not medically necessary.