

<b>Case Number:</b>	CM15-0058413		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 2, 2012. In a Utilization Review report dated February 23, 2015, the claims administrator failed to approve a request for a sacroiliac joint injection with associated anesthesia clearance. The claims administrator referenced a progress note of November 14, 2014 in its determination as well as a RFA form of February 16, 2015. The applicant personally appealed, stating that she believed that the SI joint injection could potentially improve her standing and/or walking intolerance. Lumbar MRI imaging dated October 9, 2014 was read as negative. Electrodiagnostic testing of November 19, 2012, however, was suggestive of an active L5-S1 radiculopathy. On February 27, 2015, the applicant reported ongoing complaints of low back pain, reportedly severe. The applicant had undergone earlier lumbar spine surgery. SI joint tenderness was appreciated. The applicant was asked to pursue SI joint injection therapy. The applicant's work status was not clearly stated on this occasion, although the applicant did not appear to be working. In an earlier note dated April 20, 2014, the applicant was described as seven months status post earlier lumbar spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral 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 (ODG), 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 Practice Guidelines, Third Edition, Low Back Chapter, Sacroiliac Joint Injections.

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that sacroiliac joint injections should be reserved for applicants with some rheumatologically proven arthropathy implicating the sacroiliac joints. Sacroiliac joint injections are not indicated in the treatment of chronic nonspecific low back pain, including pain attributed to the sacroiliac joints without evidence of inflammatory sacroiliitis, ACOEM notes. Here, however, there is no mention of the applicant's carrying a diagnosis of rheumatologically proven spondyloarthropathy implicating the sacroiliac joints. There was no mention of the applicant's having issues with an HLA-B27 positive spondyloarthropathy, rheumatoid arthritis implicating the SI joints, etc., on or around the date of the request. Rather, all evidence on file pointed to the applicant carrying an operating diagnosis of chronic nonspecific low back pain, i.e., a condition for which SI joint injections are not recommended, per ACOEM. Therefore, the request was not medically necessary.

**Anesthesia Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.