

<b>Case Number:</b>	CM14-0140781		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47 year old male with a reported date of injury on 10/18/2013. The mechanism of injury was a fall. The diagnoses included lumbar radiculitis and lumbosacral degenerative disc disease. The past treatments included pain medication, 20 sessions of physical therapy, and a home exercise program. There was no diagnostic imaging submitted for review. There was no surgical history noted in the records. The subjective complaints on 08/15/2014 included lumbar spine pain that radiated to right foot. The physical examination was noted as deferred and not performed. The current medications consisted of Nabumentone and Omeprazole. The treatment plan and rationale were not provided. The request for authorization form was dated 08/30/2014.

### 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

**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, Sacroiliac joint blocks.

**Decision rationale:** The request for Right Sacroiliac Joint Injection is not medically necessary. The Official Disability Guidelines state sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks are three positive physical exam findings that suggest a diagnosis of sacroiliac joint dysfunction, diagnostic evaluation must first address any other possible pain generators, and blocks are to be performed under fluoroscopy. The patient has chronic back pain. The physical exam was deferred and not performed. There was a lack of physical exam findings suggestive of sacroiliac joint dysfunction. Additionally, there was a lack of clear documentation that the injured worker had failed at least 4-6 weeks of aggressive conservative therapy. Furthermore, the request did not indicate if it would be performed under fluoroscopic guidance. Based on the reasons listed above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.