

<b>Case Number:</b>	CM14-0194418		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/27/1999
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 56-year-old male with injury date of 08/27/99. Based on the 10/22/14 progress report, the patient complains of right greater than left low back, sacroiliac joint, and buttock pain. Physical examination revealed decreased range of motion of lumbar spine, tenderness to palpation at patient's right sacroiliac joint. The Patrick's Test (FABER), Thigh thrust, Compression and Gaenslen's tests were positive on the right. Treater recommends sacroiliac joint therapeutic injections for the reason that patient's pain seems to arise from his sacroiliac joint per 10/22/14 report. Diagnostic test per 10/22/14 progress report-X-Ray 10/22/14: Fusion is solid; both sacroiliac joints are arthritic. Diagnosis 10/22/14:-History of degenerative disc disease at L3-4, L4-5, L5-S1 with herniated nucleus pulposus, L5-S1.-S/P transforaminal lumbar interbody fusion (TLIF), L3 to the sacrum 05/15/01.-History of severe osteoarthritis right hip, S/P right total hip replacement, 6/2012.-Bilateral sacroiliac joint arthrosis. The request is for bilateral diagnostic sacroiliac injection. The utilization review determination being challenged is dated 11/06/14. Treatment reports were provided from 03/12/14 and 10/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral diagnostic sacroiliac injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, hip and pelvis chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic (Acute and Chronic) Chapter, Sacroiliac joint injections (SJI)

**Decision rationale:** In this case, the patient likely failed conservative care has 3 positive SI joint examination maneuvers. However, the UR letter states that the patient had SI joint injection in the past. The treater does not discuss prior injection. ODG guidelines do not support repeat SI joint injections unless there has been greater than 50% reduction of pain lasting 6-8 weeks at least. The treater must monitor the patient's progress and make appropriate recommendations per MTUS page 8. Furthermore, the patient has had fusion surgery, has had hip replacement with osteoarthritis. These are other potential pain generators, and ODG does not recommend SI joint injections when there are other pain generators present. The request is not medically necessary.