

<b>Case Number:</b>	CM15-0108960		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 43-year-old female injured worker suffered an industrial injury on 10/14/2009. The diagnoses included lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis and lumbago. The diagnostics included x-rays of the lumbar spine and lumbar magnetic resonance imaging. The injured worker had been treated with epidural steroid injections and medications. On 4/28/2015, the treating provider reported lower back pain. She had epidural steroid injections in the past that she reported did not relieve the pain at all. The back pain was rated 6 to 7/10 that is constant mostly on the right side of the back. On exam, the lumbar spine had reduced range of motion. The lumbar muscles had tenderness and spasms with tight muscle bands noted. There were spasms over the right sacroiliac joint and lumbar facet joints. The treatment plan included Diagnostic Right Sacroiliac Joint Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic 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, Treatment Index, Hip and Pelvis Chapter, 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 Diagnostic Right 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 lower back pain. She had epidural steroid injections in the past that she reported did not relieve the pain at all. The back pain was rated 6 to 7/10 that is constant mostly on the right side of the back. On exam, the lumbar spine had reduced range of motion. The lumbar muscles had tenderness and spasms with tight muscle bands noted. There were spasms over the right sacroiliac joint and lumbar facet joints. 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, Diagnostic Right Sacroiliac Joint Injection is not medically necessary.