

<b>Case Number:</b>	CM15-0018426		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	11/18/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, Ohio, 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 [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 8, 2010. In a Utilization Review Report dated January 12, 2015, the claims administrator failed to approve a request for a sacroiliac joint injection. The claims administrator referenced a December 4, 2014 progress note in its determination and also suggested that the applicant had had a prior sacroiliac joint block on October 2, 2014. The applicant's attorney subsequently appealed. On September 2, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities, 5-10/10. The applicant was on Celebrex and Lidoderm patches. The applicant also received a total hip arthroplasty. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was not working and had not worked in 2011 following imposition of the permanent work restrictions. On November 19, 2014, the applicant reported persistent complaints of hip and low back pain. The applicant was status post total hip arthroplasty. The applicant was 14 months removed from the total hip arthroplasty, it was noted. The applicant had also developed ancillary issues with plantar fasciitis, it is incidentally noted. The applicant's medication list was not clearly detailed. On June 24, 2014, the attending provider suggested that the applicant continue tramadol and continue using a temporary handicapped parking placard.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI joint block to be done by [REDACTED]: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Low Back > Treatments > Injection Therapies > Sacroiliac Joint Injections. Recommendation: Sacroiliac Joint Corticosteroid Injections for Treatment of Sacroiliitis. Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. Strength of Evidence Recommended, Evidence (C). Recommendation: Sacroiliac Joint Injections for Treatment of Low Back Pain. Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease); or any radicular pain syndrome. Strength of Evidence Not Recommended, Insufficient Evidence (I).

**Decision rationale:** 1. No, the proposed left-sided sacroiliac joint injection is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines low back chapter notes that sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain or chronic radicular low back pain as was/is present here. Rather, ACOEM suggests reserving sacroiliac joint injections for applicants with some rheumatologically proven spondyloarthropathy implicating the SI joints. Here, however, there was no evidence that the applicant carried a diagnosis of rheumatologically proven sacroiliac joint spondyloarthropathy for which SI joint injections would have been indicated, per ACOEM. Therefore, the request was not medically necessary.