

<b>Case Number:</b>	CM15-0027277		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/12/2008
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 65 year old female, who sustained an industrial injury on June 12, 2008. The injured worker had reported a back and left leg injury. The diagnoses have included lumbago, lumbar spondylosis, lumbosacral degenerative disc, lumbar spinal stenosis, lumbosacral neuritis and a medial meniscus tear of the knee. Treatment to date has included medications, diagnostic testing, heat and ice treatment and a home exercise program. Current documentation dated September 10, 2014 notes that the injured worker complained of low back pain and left knee and ankle pain. The low back pain was noted to radiate down the legs, left worse than the right. Physical examination of the lumbar spine revealed tenderness and a decreased range of motion. Straight leg raise was negative. Left knee examination revealed swelling, tenderness and a decreased range of motion. McMurry test was positive. The left ankle examination revealed tenderness and a decreased range of motion. Sensation of the lower extremities was intact. On January 27, 2015 Utilization Review non-certified a request for bilateral sacroiliac joint injections under fluoroscopy as an outpatient. The Official Disability Guidelines were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of bilateral sacroiliac joint injections under fluoroscopy as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient bilateral sacroiliac joint injection under fluoroscopy: 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 Hip/pelvis chapter, SI joint blocks.

**Decision rationale:** This patient presents with lower back pain, left knee pain, and ankle pain. The treater has asked for OUTPATIENT BILATERAL SACROILIAC JOINT INJECTION UNDER FLUOROSCOPY but the requesting progress report is not included in the provided documentation. Review of the reports does not show any evidence of sacroiliac joint injections being done in the past. Regarding diagnostic SI joint injections, ODG guidelines recommend SI joint injections if examination shows at least three positive SI joint maneuvers. The patient is declared permanent and stationery, and is retired. In this case, the patient has chronic back pain, and the treater has requested bilateral sacroiliac joint injections. A physical exam showed tenderness to palpation of sacroiliac joints, but no other maneuvers showing sacroiliac joint dysfunction. ODG guidelines require at least 3 positive SI joint maneuvers upon physical exam, for a sacroiliac joint injection. The requested bilateral sacroiliac joint injections ARE NOT medically necessary.