

<b>Case Number:</b>	CM14-0152610		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 53-year-old female who reported an injury on 09/21/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her lumbar spine and bilateral knees. The injured worker's treatment history included multiple medications, physical therapy, activity modifications, and sacroiliac joint injections. The injured worker was evaluated on 08/21/2014. Physical findings included a vague description that the injured worker had had a positive response to prior sacroiliac injections, which reportedly provided support for a sacroiliac joint dysfunction diagnosis. No actual physical exam findings or provocative testing were provided during the examination. A Request for Authorization form, dated 08/21/2014, was submitted to support the request for a sacroiliac joint injection. The injured worker had previously been evaluated on 06/05/2014. It was documented that the injured worker's medications included Flexeril, Ambien, Gabapentin, Lidoderm patches, and Norco 5/325 mg. An objective physical examination was provided during that appointment. A Request for Authorization to support a request for a refill of Ambien was submitted on 09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left sacroiliac joint injection as an outpatient:** 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) Hip-Sacroiliac joint injection

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac joint blocks

**Decision rationale:** The request for 1 left sacroiliac joint injection as an outpatient is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address sacroiliac joint blocks. Official Disability Guidelines recommend repeat blocks be based on documentation of at least 70% pain relief for 6 weeks from the initial injection. The clinical documentation does indicate that the injured worker received an initial injection. However, a quantitative assessment of pain relief for a specific duration of time was not provided. Additionally, no significant functional benefit resulting from that injection was providing. The injured worker's most recent clinical evaluation did not provide any objective orthopedic evidence of sacroiliac dysfunction to support the need for an additional sacroiliac joint injection. As such, the request for 1 left sacroiliac joint injection as an outpatient is not medically necessary or appropriate.