

<b>Case Number:</b>	CM14-0109480		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. 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, New York, 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 40-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of May 28, 2009. In a Utilization Review report dated June 14, 2014, the claims administrator failed to approve a request for a sacroiliac joint injection. The claims administrator referenced an RFA form received on June 12, 2014 and an associated office visit dated June 6, 2014 in its determination. The applicant's attorney subsequently appealed. On said June 6, 2014 office visit, the applicant reported ongoing complaints of low back pain radiating into the right lower extremity, 8/10. The applicant was unable to work and had difficulty performing lifting tasks, the treating provider reported. The applicant reportedly exhibited positive provocative testing and limited lumbar range of motion. The attending provider contended that the applicant had positive sacroiliac provocative maneuvers and suggested that the applicant pursue an SI joint injection. The applicant's past medical history was notable only for left shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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: Hip and Pelvis (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, page 611.

**Decision rationale:** The California MTUS Guidelines do not address the topic. However, the Third Edition ACOEM Guidelines that SI joint injections are recommended only as a treatment option in applicants with some rheumatologically proven spondyloarthropathy implicating the sacroiliac joints. Here, however, there was no mention of the applicant's carrying a diagnosis of rheumatologically proven spondyloarthropathy implicating the SI joints. The applicant's past medical history was notable only for left shoulder surgery; it was noted on June 6, 2014. Sacroiliac joint injections are not indicated in the treatment of chronic non-specific low back pain, as was seemingly present here. Therefore, the request was not medically necessary.