

<b>Case Number:</b>	CM13-0022788		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 Physician 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 27-year-old female who reported an injury on 11/24/2010 after a slip and fall down the stairs. The injured worker reportedly sustained an injury to her cervical and lumbar spines. The injured worker's treatment history has included physical therapy, medications, epidural steroid injections and sacroiliac joint injections. The injured worker was provided with a sacroiliac joint injection of the left side in 05/2012 that provided 75% improvement, sustained for approximately 12 weeks. The injured worker underwent a right sacroiliac joint injection in 02/2013. The injured worker underwent an additional right-sided sacroiliac joint injection in 08/2013 and a left-sided sacroiliac joint injection in 09/2013. The injured worker's most recent clinical evaluation submitted for review was dated 06/05/2013. It was documented that the injured worker had 8/10 pain that interfered with her ability to function. The injured worker had severe bilateral sacroiliac joint pain. Physical findings included limited range of motion of the lumbar spine secondary to pain with tenderness to palpation over the paraspinal musculature. It was also noted that the injured worker had severe guarding to deep palpation bilaterally of the lumbar paraspinal musculature that produced bilateral sacroiliac joint pain which radiated into the posterior and lateral aspects of the thighs. Upon examination, the injured worker had a positive Patrick-Faber's test bilaterally, a positive Trendelenburg's test bilaterally, a positive Valsalva maneuver bilaterally, sciatic tenderness test positive bilaterally, a positive Gaenslen's sign bilaterally and a positive sacroiliac joint thrust test bilaterally. The injured worker's diagnoses included a lumbar sprain/strain, multiple lumbar disc herniations, lumbar radiculitis of the bilateral lower extremities, lumbar paraspinal muscle spasming and sacroiliitis of the bilateral sacroiliac joints. The injured worker's treatment recommendations included an epidural steroid injection and bilateral sacroiliac joint injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **BILATERAL SACROILIAC JOINT INJECTION UNDER FLUOROSCOPIC**

**GUIDANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**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 requested bilateral sacroiliac joint injections under fluoroscopic guidance are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address the sacroiliac joint dysfunctions. The Official Disability Guidelines recommend sacroiliac joint injections to be repeated if there is documentation of at least 70% pain relief for at least 6 to 8 weeks. The clinical documentation submitted for review indicated that the injured worker had a left sacroiliac joint injection that provided 75% pain relief for 3 months. However, the clinical documentation submitted for review does indicate that the injured worker underwent a right sacroiliac joint injection in 02/2013. The efficacy of that injection was not submitted within the clinical documentation. Therefore, the need for an additional right sacroiliac joint injection cannot be determined. As such, the requested bilateral sacroiliac joint injection under fluoroscopic guidance is not medically necessary or appropriate.