

<b>Case Number:</b>	CM13-0038403		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Medicine 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 patient is a 37-year-old male who sustained a work related injury on 03/29/2005. The patient's diagnoses include status post lumbar fusion, low back pain, and left groin pain. The clinical information indicates the patient has undergone sacroiliac joint injections on the left x2. Subjectively, the patient reports complaints of low back pain. Objective findings revealed well healed incisions, good gait without an assistive device, and pain with active range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Paraspinal Trigger Point Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 122.

**Decision rationale:** CA MTUS Guidelines recommends the use of trigger point injections for myofascial pain syndrome when "there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than three months, medical management therapies have failed to control pain, and radiculopathy is not present by exam, imaging, or neuro-testing." The clinical information

submitted for review lacks documentation of palpable trigger points or failure of lower levels of conservative care. As such, the request for left paraspinal trigger point injection is non-certified

**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 ODG Guidelines, 2012 web Hip, Pelvis and Sacroiliac Joint Blocks

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

**Decision rationale:** Official Disability Guidelines recommend repeat sacroiliac joint injections "if steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least 70% pain relief recorded for this period, and in the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least 70% pain relief is obtained for 6 weeks." The clinical information submitted for review indicates the patient has undergone prior sacroiliac joint injections but rated his pain 7/10 six weeks status post injection. Further documentation also indicates that the patient only received 50% pain relief after injection. Given the lack of documentation of sustained pain relief post injection, the request is not supported. As such, the request for right sacroiliac joint injection is non-certified.