

<b>Case Number:</b>	CM13-0055777		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/03/2006
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 51 year old male who was injured on 02/04/2006 while moving a heavy cabinet from the second floor of the building to the first floor. He experienced an acute onset of pain in the low back. Diagnostic studies reviewed include: Lumbar ultrasound performed 07/23/2013 revealed a normal examination. Lower Thoracic ultrasound performed 07/23/2013 revealed a normal examination. X-ray of lumbar spine performed 12/27/2012 revealed discogenic spondylosis, L5-S1. MRI of Lumbar Spine performed 12/27/2012 revealed straightening of the lumbar spine seen; Early disc desiccation is noted at L2-3 to L4-5 levels, Disc desiccation is noted at L5-S1 level, Reduced intervertebral disc height is noted at L5-S1 level, Peri-neural cyst noted at S2 noted, Schmorl's node is noted at L3-4 and L5-S1 levels, Detached osteophyte fragment seen at L3-4 level, anteriorly, Modic type II endplate degenerative changes noted at L5-S1 level, L3-4: Diffuse disc protrusion with effacement of the thecal sac. Neuroforaminal narrowing without significant impingement of exiting nerve roots. Thus far the patient has been treated with medication, chiropractic manipulation, electrical stimulation, physical therapy, epidural steroid injections and acupuncture. Comprehensive follow up note dated 07/30/2013 stated the patient presented with complaints of low back pain which he rated an average intensity of 8/10 on the pain scale. Examination findings revealed normal gait, balance and Heel-toe strike; mild tenderness to palpation along the paralumbar musculature; there is no SI joint tenderness; range of motion testing of the thoracolumbar spine was normal; Achilles DTR was 0/4 on the right and 1/4 on the left; patellar was 1/4 on the right and 2/4 on the left; sensory dermatome testing was within normal limits on the left with hypoactive responses on the right L5-S1 nerve level; strength testing was 5/5 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right SI joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Sacroiliac joint injection, as well as information from Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 43: Pain Originating from the Buttock: Sacroiliac Joint Dysfunction and

**Decision rationale:** According to the ODG, sacroiliac joint injections are an option for patients that meet criteria which includes, a history and physical suggest the diagnosis (with 3 positive exam findings) of SI joint dysfunction. Physical examination of the records provided for review found no evidence of 3 positive test results for SI joint dysfunction, save for a positive Patrick Fabers test. The criteria also require that the patient's diagnostic evaluation must first address any other possible pain generators, which was not done in this case. Finally, the criteria require that the patient have failed at 4-6 weeks of aggressive conservative therapy, including physical therapy, acupuncture, etc. There is no evidence of a failure of conservative measures, and in fact, the documentation show that the patient has had improvement with electro-acupuncture. Based on the lack of failed aggressive conservative treatment and lack of clinical evidence that is suggestive of sacroiliac injury, the patient does not meet the guidelines for this.