

<b>Case Number:</b>	CM13-0059366		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/14/2002
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 73-year-old male who reported an injury on 10/14/2002. MRI of the lumbar spine dated 08/27/2013 reveals moderate spinal stenosis from L2-5, most pronounced at L4-5, and intrapedicular screws and rods were in place at L5-S1. The patient has a history of chronic pain, gout, peripheral neuropathy, knee pain, carpal tunnel syndrome, renal disease, unspecified disease of the respiratory system, diabetes mellitus type II, nephrolithiasis, hypertension, lumbar chronic back pain, and non Hodgkin's lymphoma. The patient has had prior lumbar back surgery with rods put in place. He reports worsening low back pain and does have occasional leg pain. The patient denies any weakness, numbness, or loss of bowel or bladder control or any red flag symptoms noted. It was stated in the most recent clinical documentation dated 11/07/2013 that the patient's worsening pain was suspect worsening degenerative changes. As the patient does have rods in place, he certainly could be having discomfort related to stress near the rod sites as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SI JOINT INJECTION X 5 START DATE 11/07/2013:** Upheld

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

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

**Decision rationale:** Per California MTUS/ACOEM, it is stated that invasive techniques such as local injections and facet joint injections of cortisone and Lidocaine are of questionable merit. Official Disability Guidelines state that criteria for the use of sacroiliac blocks will be documentation of at least 3 positive exam findings as listed, diagnostic evaluation must first address any other possible pain generations, and the patient has had and failed at least 4 weeks to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management. There is a lack of a specific reasoning for the sacroiliac joint block for the diagnosis and treatment, there is also a lack of documentation of any recent failure of at least 4 weeks to 6 weeks of progressive conservative therapy, no recent diagnostic evaluations to address any other possible pain generators, and there is no documentation of at least 3 positive exam findings. As such, the medical necessity for the requested service cannot be determined at this time, and the request for Right SI joint injection x 5 start date 11/07/2013 is non-certified.