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| <b>Case Number:</b>   | CM13-0063740 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 01/14/2013 |
| <b>Decision Date:</b> | 05/16/2014   | <b>UR Denial Date:</b>       | 12/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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/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:

This patient is a 51-year-old male with a date of injury of 01/14/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar degenerated disk. 2. Lumbar facet syndrome. 3. Left sacroiliac joint atrophy. According to report dated 11/08/2013 by [REDACTED], the patient presents with continued low back pain. Physical examination revealed tenderness in the lumbar spine region and positive straight leg raise with pain. MRI of the lumbar spine dated 03/04/2013 revealed multilevel degenerative disk disease with bulges from L2 to L4 to L5-S1. Report dated 10/29/2013 by [REDACTED] states the patient was seen by [REDACTED] with regards to complaints of pain in the low back with impingement and continued "knot" sensation. [REDACTED] treatment recommendations include a left sacroiliac joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE LEFT 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 & Pelvis (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pelvic/Hip Chapter

**Decision rationale:** This patient presents with continued low back pain. The treating physician is requesting 1 left sacroiliac joint injection. The MTUS and ACOEM do not discuss sacroiliac joint injection. However, ODG guidelines states that SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG guidelines states, "Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings." In this case, the treating physician does not provide any positive exam findings. At least three positive exam finding are required for consideration of sacroiliac joint injections. Recommendation is for denial. The one left sacroiliac joint injection is not medically necessary and appropriate.

### **2 X 3 ACUPUNCTURE VISITS:**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8.

**Decision rationale:** This patient presents with continued low back pain. Utilization review dated 12/02/2013 denied the request stating "unknown acupuncture visits." Review of the medical file shows the treating physician requested acupuncture for 2 times per week for three weeks on progress report from 08/09/2013. For acupuncture, MTUS Guidelines, page 8, recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. In this case, medical records from 04/03/2013 to 11/08/2013 do not indicate that this patient has had any prior acupuncture treatments. An initial course of 3 to 6 may be warranted and recommendation is for approval. The 2 x 3 acupuncture visits are not medically necessary and appropriate.