

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0068853 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 07/20/2005 |
| <b>Decision Date:</b> | 04/24/2014   | <b>UR Denial Date:</b>       | 11/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/20/2013 |

### 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 Occupational 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral lower extremity pain reportedly associated with an industrial injury of July 20, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; lumbar radiofrequency ablation procedures at various points during the life of the claim; and unspecified amounts of massage therapy. In a Utilization Review Report of November 27, 2013, the claims administrator denied a request for sacroiliac joint injections, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A January 6, 2014 progress note is notable for comments that the applicant reports heightened complaints of low back pain. It is stated that injection therapy has not been approved despite the fact that the applicant believes that it, along with medications has been helpful. The applicant states that she could not work full time were it not for the medications. The applicant is given refills of oxycodone, Soma, Norco, Lyrica. She is described as employed. She is given diagnosis of lumbar facet pain with excellent response to radiofrequency ablation procedures and peripheral neuropathy. Tenderness is appreciated about the SI joint and greater trochanter of the hip. The applicant was in mild distress and exhibited a stiff and antalgic gait. On December 9, 2013, the attending provider again stated that earlier sacroiliac joint injections and radiofrequency injections were beneficial. Oxycodone, Soma, Norco, and Lyrica are renewed. The applicant had tenderness about both the facet joints, greater trochanter of the hip, and SI joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac Joint, Trochanteric Joint, and Piriormis Joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,300.

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines and MTUS-adopted ACOEM Guidelines in Chapter 12 do not address the topic of each of these injections specifically, ACOEM notes, in Chapter 12, page 300, that invasive techniques, including local injections such as the trochanteric joint injection and piriformis joint injection are of "questionable merit." ACOEM further states in Chapter 12, Table 12-8, page 309 that facet joint injections are "not recommended." The MTUS does not address the topic of SI joint injections. As noted in the Third Edition ACOEM Guidelines, however, sacroiliac joint injections are not recommended except in those individuals who have some rheumatologically-proven arthropathy involving the sacroiliac joints, such as an HLA positive B27 spondyloarthropathy, ankylosing spondylitis, rheumatoid arthritis involving the SI joints, etc. In this case, however, the applicant does not have any rheumatologically-proven cause of sacroiliitis. There is no evidence of any specific pathology pertaining to the sacroiliac joints. The applicant has widespread pain complaints about the hip and low back. Owing to the lack of diagnostic clarity here and the unfavorable ACOEM, the request is not certified.