

<b>Case Number:</b>	CM13-0071072		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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:

According to the records made available for review, this is a 56-year-old male with a 6/21/12 date of injury. At the time of the request for authorization for bilateral SI joint injections, there is documentation of subjective findings of lower back pain with radiation to bilateral lower extremity to the posterior calves and objective findings of tenderness SI joint bilaterally, Fabere's test is guarded bilaterally and Sacral Thrust is positive bilaterally. The current diagnoses are lumbar disc degeneration, radiculitis left, spondylosis w/o myelopathy lumbar and sacroiliitis. The treatment to date includes physical therapy, acupuncture, chiropractic treatment, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL SI JOINT INJECTIONS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th Edition Web, Treatment Index, 2013, Hip And Pelvis Chapter, SI Joint Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection.

**Decision rationale:** California MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least 3 positive exam findings, diagnostic evaluation first addressing any other possible pain generators, failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management), block to be performed under fluoroscopy and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration, radiculitis left, spondylosis w/o myelopathy lumbar, and sacroiliitis. In addition, there is documentation of at least 3 positive exam findings [tenderness SI joint bilaterally, Fabere's test is guarded bilaterally, and Sacral Thrust is positive bilaterally]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. Therefore, based on guidelines and a review of the evidence, the request for bilateral SI joint injections is medically necessary.