

<b>Case Number:</b>	CM14-0009041		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	05/25/1999
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery, 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 injured worker is a 68-year-old male who sustained an injury to his low back on 05/25/99. The mechanism of injury was not documented. An EMG/NCV dated 10/17/12 revealed no abnormalities on the NCV, but denervation was present in the lumbar paraspinal muscles on EMG testing. Clinical note dated 12/18/13 reported that the injured worker continues to complain of lumbar pain and lower extremity pain. Physical examination noted severe tenderness to palpation of the lumbar spine with spasm and trigger points/twitch response at the lumbosacral junction; gate antalgic; motor testing 4+/5 in the bilateral lower extremities; DTRs one 1/4 and symmetric. Medications included Opana, Norco, Prilosec, Neurontin and Celebrex. The patient was diagnosed with chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC ULTRASOUND BILATERAL SACROILIAC JOINTS WITH POSSIBLE INJECTION.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Hip and Pelvis, Ultrasound.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, Ultrasound (Sonography)

**Decision rationale:** The request for diagnostic ultrasound bilateral sacroiliac joints with possible injection is not medically necessary. The CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, the ODG states that treatment with this modality requires documentation of failure of conservative treatment for 4-6 weeks prior to injections. In concurrence with the previous denial noting that conservative treatment had not been attempted, medical necessity of the request for diagnostic ultrasound bilateral sacroiliac joints with possible injection has not been established. The request is not medically necessary and appropriate.

**SACROILIAC JOINT TRIGGER POINT INJECTION (TPI's):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Trigger point injections, 122.

**Decision rationale:** The request for sacroiliac joint trigger point injection (TPI's) is not medically necessary. The CA MTUS states that there must be documentation of circumscribed triggerpoints with evidence upon help patient of a twitch response as well as referred pain and that medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle have failed to control the pain. In concurrence with the previous denial noting that conservative treatment had not yet been attempted, medical necessity of the request for sacroiliac joint trigger point injection (TPI's) has not been established. The request is not medically necessary and appropriate.