

<b>Case Number:</b>	CM14-0018872		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/11/1996
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Physical Medicine & 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 37-year-old male with date of injury of 06/11/1996. Per treating physician's report 01/30/2014, the patient presents with bilateral leg symptoms, states that the effects of the bilateral sacroiliac joint injections that he underwent on 12/16/2013 provided only about 10% relief of his pain and it has completely worn off. The patient continues to experience positive effects of the right sided lumbar radiofrequency procedure, which also provided only 10% pain relief. The left-sided RF ablation performed on 08/19/2013 provided 40% reduction and completely resolving his left thigh pain. Listed diagnoses include discogenic disease, lumbar spine L5-S1 status post decompression and fusion, apparent SI joint dysfunction, moderate to severe exogenous obesity, arthrodesis status, unspecific thoracic and lumbar radiculitis, etc. Under plan, the treating physician indicates that the examination still points to SI joint which makes the examiner still believe that the SI joints are the source of his main problem and the request is for another try at bilateral SI joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT BILATERAL SACROILIAC JOINT INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pelvic/Hip chapter, Sacroiliac Injections.

**Decision rationale:** The patient is status post lumbar fusion at L5-S1 in the past. The patient has also had a number of different procedures including RF ablation on both sides and SI joint injections recently on both sides. The treating physician has asked for repeat bilateral SI joint injections but he states on his report 01/30/2014 that the patient only had 10% reduction and temporary relief from these injections. Based on examination findings, the treating physician still believes that the SI joints are the source of the patient's pain and would like to try it again. MTUS Guidelines do not discuss SI joint injections but ODG Guidelines do not support repeating the injection unless there has been significant reduction of pain by at least 70% lasting 6 weeks or more. In this case, the patient experienced no more than 10% reduction of pain and there is no reason to repeat the SI joint injections despite the treating physician's examination findings. The request is not medically necessary.