

<b>Case Number:</b>	CM14-0162009		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 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 pain reportedly associated with an industrial injury of August 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid agents; adjuvant medications; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated August 29, 2014, the claims administrator apparently approved a request for amitriptyline and Norco while denying a request for a sacroiliac joint injection with associated sedation. The applicant's attorney subsequently appealed. In a progress note dated September 21, 2014, the applicant reported ongoing complaints of low back pain. The applicant stated that Norco had not been altogether effective. 9/10 pain was reported. An epidural steroid injection was reportedly pending, it was acknowledged. The applicant was having difficulty performing lifting activities and doing her own laundry. Limited lumbar range of motion was noted on exam. The applicant did exhibit a limp. The attending provider alluded to the applicant as having an earlier lumbar MRI imaging on November 6, 2013, which showed severe degenerative disc disease at L5-S1 with associated impingement of the left L5-S1 nerve roots. The applicant was given a primary diagnosis of chronic low back pain with likely lumbar radiculitis and a secondary diagnosis of facet arthropathy of the lumbar spine. The applicant did have comorbid issues with hypertension, obesity, insomnia, and mood swings, it was acknowledged. Epidural steroid injection therapy was sought. The attending provider stated that SI joint injection would be the next step if epidural steroid injection therapy and/or facet joint injections were tried and/or failed. The applicant was asked to employ Lyrica. Work restrictions were endorsed. It was not clearly stated whether the applicant was working or not. Tramadol and Lyrica were also prescribed. In a later progress note dated April 2, 2014, the applicant was placed off of work, on

total temporary disability. Home health care was endorsed to help the applicant take care of herself at home. 9/10 pain was again noted. Epidural steroid injection therapy was pending. The attending provider stated that facet joint injections and/or SI joint injections were the next step in the treatment plan. The applicant went on to receive an epidural steroid injection on April 2, 2014. On May 1, 2014, the applicant was again placed off of work, on total temporary disability. Home health care was again sought. Medial branch blocks were also endorsed. The attending provider again stated that SI joint injections were the next step in the applicant's treatment workup. On July 15, 2014, the applicant was again placed off of work, on total temporary disability. Home health services were also sought. The applicant was asked to continue Elavil and start Norco. The applicant has to obtain lumbar medial branch blocks and consider SI joint injections at a later date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral S1 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 and Pelvis; Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Sacroiliac Joint Injections Section

**Decision rationale:** The MTUS does not address the topic of sacroiliac joint injections. However, the Third Edition ACOEM Guidelines notes that sacroiliac joint injections are "not recommended" in the treatment of radicular pain, as is present here. Rather, ACOEM notes that sacroiliac joint injection should be reserved for applicants with some rheumatologically proven arthropathy involving the SI joints, such as, for instance, an HLA positive B27 spondyloarthropathy involving the SI joints. In this case, however, there is no evidence that the applicant carries any kind of diagnosis of rheumatologically-proven arthropathy involving the SI joints. Therefore, the request is not medically necessary

**Associated surgical service: Mod sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

