

<b>Case Number:</b>	CM14-0182876		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	06/07/2004
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Internal 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 injured worker (IW) is a 62-year-old man with a date of injury of June 7, 2004. The mechanism of injury was tossing a spray can to another employee. The can fell short, and when he tried to catch it, his foot slipped causing strain. The IW had 12 visits of physical therapy in 2008, 9 visits of PT in 2009, and 6 visits of aquatic therapy in 2012. The IW is status-post anterior lumbar interbody fusion (ALIF) at L5-S1 on February 12, 2013, right lumbar facet medial branch block (LFMBB) at L3-S1 on July 15, 2014, right LFMBB at L3-S1 on September 2, 2014, and right-sided lumbar radiofrequency ablation at L3-S1 on September 16, 2014 with 40% relief. Pursuant to a progress note dated September 30, 2014, the IW complains of low back pain with stiffness. Pain is rated 3/10 with occasional numbness and shooting pain in his right leg. Physical examination reveals tenderness in the lumbosacral musculature and over the lumbar spinous processes. Lumbar spine range of motion was performed with complaints of end range pain. Lumbar facet compression test caused secondary pain in the low back, referred into buttocks and thighs. Gaenslen's and sacroiliac compression and distraction tests are positive on the right for reproduction of his new primary pain. He is able to stand on toes and heels with some pain in the back while standing on heels. Antalgic gait was noted on the right side with stiffness. Lasegue's neuro-tension test was positive for radiating pain down the right leg in a concordant fashion. The IW has been diagnosed with lumbar facet arthropathy. Treatment plan recommendations include sacroiliac block for diagnostic value to determine if the IW is a candidate for radiofrequency ablation on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Low Back Pain update, page 185

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12 Low Back Pain, page 185 and on the Official Disability Guidelines (ODG); Hips and Pelvis Section, SI Joint Blocks and on Other Medical Treatment Guideline or Medical Evidence: Joint Bone Spine 2006 Jan; 73(1):17-23, Hansen, Sacroiliac Joint Interventions: The Systematic Appraisal Of The Literature. Pain Physician, 2009, March-April; 12(2); 399-418)

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, the sacroiliac joint injection is not medically necessary. The ACOEM low back pain update page 185 states sacroiliac joint injections are not recommended for subacute or chronic nonspecific low back pain, including pain attributed to the SI joints, but without evidence of inflammation. Sacroiliac injections are not recommended for treatment of any radicular pain syndrome. The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. In this case, the injured worker complained of low back pain with stiffness and occasional numbness with radiating pain to the right leg. He underwent right-sided lumbar radiofrequency ablation on September 16 of 2014 with a 40% pain relief poster siege or. He has persistent tenderness to palpation in the lumbosacral area and over the lumbar spinous processes. Lumbar facet compression test caused secondary pain in the lower back. Diagnosis is lumbar facet arthropathy. He had lumbar facet blocks on July 15, 2014 and September 2, 2014 with 90% relief. Relief of the original primary pain has brought about lower secondary pain which is now his new primary pain. The treating physician is requesting sacroiliac blocks for diagnostic value to determine if the injured worker is a candidate for radiofrequency ablation on the right. The ACOEM states sacroiliac injections are not recommended for subacute or chronic nonspecific low back pain. Provocative sacroiliac joint maneuvers and sacroiliac joint blocks are unreliable for diagnosing sacroiliac pain. (Joint Bone Spine 2006 Jan; 73(1):17-23, Hansen, Sacroiliac Joint Interventions: the systematic appraisal of the literature, also, Pain Physician, 2009, March-April; 12(2); 399-418) Consequently, the sacroiliac joint injection is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, the sacroiliac joint injection is not medically necessary.