

<b>Case Number:</b>	CM14-0030906		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/04/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 and Pain Medicine and is licensed to practice in Ohio and Texas. 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 47-year-old male who reported an injury on 01/04/2008. The mechanism of injury was not specifically stated. Current diagnoses include, chronic pain syndrome, post lumbar laminectomy syndrome, lumbar canal stenosis with neurogenic claudication, and bilateral hip osteoarthritis. The injured worker was evaluated on 03/11/2014 with complaints of low back and bilateral lower extremity pain. The injured worker has been previously treated with physical therapy, anti-inflammatory medication, narcotic medication, SI joint injections, and a spinal cord stimulator trial. Physical examination revealed tenderness to palpation of the lumbar paraspinal muscles, bilateral SI joint tenderness, bilateral piriformis tenderness, limited range of motion of the lumbar spine, positive straight leg raising, positive facet loading maneuver, positive FABER testing, positive Gaenslen's testing, positive Lasegue's testing, positive Fortin finger sign, positive shopping cart sign, intact sensation, and independent gait. Treatment recommendations at that time included, continuation of the current medication regimen and authorization for bilateral SI joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral SI Joint Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac Joint Block.

**Decision rationale:** The Official Disability Guidelines state prior to a sacroiliac joint block, there should be evidence of a failure of conservative treatment for at least 4 to 6 weeks. The history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings. If steroids are injected during the initial procedure, the duration of pain relief should be at least 6 weeks with at least greater than 70% pain relief. As per the documentations submitted, the injured worker has been previously treated with SI joint injections. It was noted on a previous date of 06/18/2013, the injured worker failed to respond to SI joint injections. Therefore, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.

**Physical Therapy QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or if activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. Therefore, the request is not medically necessary.