

<b>Case Number:</b>	CM14-0034178		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 38-year-old female with an 11/8/12 date of injury. At the time (2/19/14) of the Decision for bilateral SI joint injection, there is documentation of subjective (neck pain, low back pain, and right shoulder pain) and objective (tenderness , spasm, and decreased range of motion of the thoracolumbar and bilateral SI joint) findings, current diagnoses (lumbosacral spine sprain/strain, thoracic spine sprain/strain, knee/leg sprain/strain, and ankle sprain), and treatment to date (medications, trigger point injection, and previous bilateral sacroiliac block). There is no documentation of at least >70% pain relief obtained for 6 weeks following previous injection.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection.

**Decision rationale:** The ACOEM Guidelines identifies that invasive techniques are of questionable merit. The ODG identifies documentation of at least >70% pain relief obtained for 6 weeks, that 2 months or longer have elapsed between each injection, and that the injection is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of repeat SI joint injection. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spine sprain/strain, thoracic spine sprain/strain, knee/leg sprain/strain, and ankle sprain. In addition, there is documentation of a previous bilateral sacroiliac injection. Furthermore, there is documentation that 2 months or longer have elapsed between each injection, and that the injection is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. However, there is no (clear) documentation of at least >70% pain relief obtained for 6 weeks following previous injection. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.