

<b>Case Number:</b>	CM14-0039012		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 claimant was injured on 08/10/08. A repeat left sacroiliac joint injection is under review. An MRI reportedly showed L5-S1 disc desiccation and slight loss of disc height. There was a slight disc bulge that was not left-sided. There was no mass effect on the S1 nerve root. She was diagnosed with left-sided low back gluteal region pain and left SI joint dysfunction with piriformis muscle strain/syndrome. On 08/19/13, she saw [REDACTED] and was placed on modified work. A left SI joint injection was ordered for SI joint dysfunction. Osteopathic manipulative therapy was also recommended. She saw [REDACTED] on that date and neither of these treatments had been authorized. She had reportedly responded well to previous SI joint injections. She stated they were significantly more beneficial than the epidural steroid injections in the past that had made her worse. Lumbar extension was more painful than flexion. Straight leg raise was negative. Patrick's test was positive on the left. Yeoman's maneuver was positive at the left SI joint region. She had tenderness of the left SI joint region. Sensory exam and strength were intact and gait was within normal limits. On 09/25/13, she had ongoing pain. None of the treatments had been approved. [REDACTED] stated that she had a previous SI joint injection on 05/23/13 and her pain went from 5/10 down to 3/10. She reported her pain level that day was 3-4/10 but it had been up to 9/10 in the past few weeks. She was taking Ultracet. Osteopathic manipulative therapy was recommended to be done after the SI joint injection. If it was not approved, physical therapy would be recommended. On 10/23/13, she was seen again. Her findings were the same. On 11/18/13, she reported a pain level of 4/10. Her findings were the same. She was continuing medications. On 12/11/13, she reported that Ultracet was not lasting long enough. She also has

fibromyalgia and lupus. On 02/11/14, she was doing well with higher doses of Ultracet. There is no specific mention of an exercise program following the initial SI joint injection or any ongoing exercises in the notes.

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

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

**L-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 (ODG) Integrated Treatment/Disability Duration Guidelines, Sacroiliac joint injections (SJI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Sacroiliac Injections.

**Decision rationale:** Please note that the request should state left SI joint injection. The history and documentation do not objectively support the request for a repeat left sacroiliac joint injection. The MTUS does not address sacroiliac injections. The Official Disability Guidelines (ODG) state sacroiliac injections are recommended as an option if at least 4-6 weeks of aggressive conservative therapy has failed. Typically, injections are done only in conjunction with exercises, both before and after the injections to make sure the injections are reasonable and appropriate and to help maintain any benefit that is received. In this case, there is no documentation of an ongoing exercise program following the SI joint injection in May 2013 that reportedly gave the claimant good relief. There is also no evidence that she has attended an aggressive program of rehabilitation for at least four weeks prior to this recommendation for a repeat injection having been made. Under these circumstances, the need for a repeat left sacroiliac joint injection has not been clearly demonstrated and is not medically necessary.