

<b>Case Number:</b>	CM14-0044183		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/13/2003
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 52 year-old female who was reportedly injured on 3/13/2003. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 2/07/2014, indicates that there were ongoing complaints of chronic low back pain with radiation down to her buttocks and posterior aspect of her legs. She also had anterior thigh pain and cramping in her feet bilaterally. The physical examination demonstrated musculoskeletal lumbar spine with no abnormal curvature of the lumbar spine. Flexion past 40 caused reproducible low back pain. Extension caused increased back pain. Direct midline tenderness over the lumbar spine and tenderness above the previous incision sites. Sacroiliac joint: Positive Faber test bilaterally. Positive shear test bilaterally. Positive lateral leg raise bilaterally. Positive tenderness to palpation to the Posterior superior iliac spine bilaterally. Neurologic: Lower extremities, muscle strength 5/5 bilaterally. Decreased sensation over the left L3 dermatomes and right L4-L5 dermatomes and left L5 dermatome. Patellar and Achilles reflexes 2/4 bilaterally. Diagnostic imaging studies included an MRI of the lumbar spine, performed on December 13, 2013, which revealed L1-L2 3 mm right paracentral and right sub articular disk protrusion and demonstrated mild right lateral recess narrowing. At L2-L3: Anterior annular tear of the disc is present, a 2 mm circumferential disc bulge and mild facet arthrosis. Neural foraminal/spinal canal was within normal limits. L3-L4 anterior annular tear of the disc. Disc height was maintained. No evidence of protrusion. Facet arthrosis was associated with mild spinal stenosis. L4-L5: Surgical screws were placed posteriorly. Posterior annular tear of the disc. No evidence of disc protrusion. Neural foramina and spinal canal were normal. L5-S1: Laminectomy of L5. Moderate/severe disc height loss and disc degeneration with an annular tear in the posterior and left lateral and anterior aspects of the disc. Neural foramina exhibited mild to moderate foraminal narrowing due to facet arthrosis bilaterally. X-rays of the lumbar spine performed on 2/12/2014,

revealed no evidence of dynamic instability. Previous treatment included lumbar fusion, epidural steroid injections, consultation to mental health and medications: Ambien, Soma, Norco, Motrin and Topamax. A request had been made for 1 bilateral sacroiliac joint block for therapeutic and diagnostic purposes which was not certified in the pre-authorization process on 3/10/2014.

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

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

#### **1 Bilateral SI Joint block for therapeutic and diagnostic purposes: 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), Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related, sub acute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints but without evidence of inflammatory sacroiliitis (rheumatologic disease). The California treatment guidelines do not support SI injections for acute, sub acute or chronic low back pain. The only clinical indication for SI joint injection is for therapeutic treatment for specific inflammatory disorders such as rheumatoid arthritis. With review of the documentation for this 52-year-old female with chronic low back pain, there was no clinical evidence or objective findings to support such an inflammatory disorder. According to the guidelines, they do not support SI joint injections and the diagnosis noted. Therefore, this request is not medically necessary.