

<b>Case Number:</b>	CM14-0045336		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/22/2003
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 patient is a 72-year-old female who has submitted a claim for radiculopathy thoracic or lumbosacral, spinal stenosis of lumbar region, failed back surgery syndrome, and myalgia and myositis, unspecified associated with an industrial injury date of 01/22/2003. Medical records from 08/30/2012 to 06/06/2014 were reviewed and showed that patient complained of back pain graded 6-10/10 radiating down the left thigh. Physical examination revealed antalgic gait, tenderness over spinous, praspinous, lumbar, gluteals, PSIS, and sacrum, decreased left hip strength, positive left Stork and FABER tests. CT scan of lumbar spine dated 05/28/2014 revealed postoperative change L4-5, grade I spondylolisthesis and fusion, and multilevel degenerative disease. Myelogram of lumbar spine dated 05/28/2014 was unremarkable. Treatment to date has included L4-5 anterior fusion (2008), lumbar ESIs (2003, 2007, and 2008), TENS, acupuncture, physical therapy, and HEP, oral and topical medications. Of note, the patient noted reduction of pain from 10 to 6 with use of medications (06/06/2014). Utilization review dated 03/25/2014 denied the request for 1 Sacroiliac joint injection on the left side because there was no documentation of at least three positive objective sacroiliac/ pelvic orthopedic test findings and conservative therapy failure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Sacroiliac joint injection on the left side:** 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 and Pelvis (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac Joint Blocks

**Decision rationale:** According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines criteria for SI joint injections include: clinical sacroiliac joint dysfunction; failure of at least 4-6 weeks of aggressive conservative therapy; and history and physical exam should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, the patient complained of low back pain radiating down the left thigh. Physical exam findings include positive FABER and left Stork test. The guidelines require at least 3 positive exam findings to suggest clinical sacroiliac joint dysfunction. Furthermore, there was noted pain reduction from 10 to 6 with pain medications; hence, conservative therapy failure is not evident in the case. The patient did not meet the guidelines criteria for SI joint injections. Therefore, the request for 1 Sacroiliac joint injection on the left side is not medically necessary.