

<b>Case Number:</b>	CM14-0047021		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/11/1998
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Illinois. 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 73-year-old female who reported an injury on 02/11/1998. The mechanism of injury was not provided for review. The injured worker's treatment plan included sacroiliac joint injections, failed lumbar fusion from the L2 to the S1 with subsequent spinal cord stimulator implantation. She also participated in a home exercise program and received multiple medications. The injured worker was evaluated on 03/17/2014 and it was noted that she had lumbar axial back pain rated at a 7/10. Objective findings included an antalgic gait with the use of a wheelchair for assistance. The diagnoses included lumbago, displacement of the lumbar intervertebral disc, postlaminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, postsurgical arthrodesis, sacroiliitis, lumbosacral spondylosis, pain in joint involving pelvic region, and enthesopathy of the hip region. The treatment plan included continued medication usage, a home exercise program, and bilateral sacroiliac 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 Injections x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Sacroiliac Injections.

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

**Decision rationale:** The requested bilateral sacroiliac (SI) joint injections x 2 are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker underwent a right sacroiliac joint injection previously that provided 50% pain relief for 3 days. The California Medical Treatment Utilization Schedule does not address hip and pelvic issues. The Official Disability Guidelines recommend sacroiliac joint injections for well-documented sacroiliac joint dysfunction. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's sacroiliac joint to determine that the sacroiliac joint is a pain generator. Additionally, it is noted that the injured worker previously underwent a right-sided sacroiliac joint injection that did not provide significant relief. The Official Disability Guidelines recommend repeat injections for injured workers who have at least 50% pain relief for at least 4 to 6 weeks with documented functional benefit. As the injured worker did not have an adequate response to previous injections, future injections would not be indicated. As such, the requested bilateral sacroiliac joint injections x 2 are not medically necessary or appropriate.