

<b>Case Number:</b>	CM14-0048459		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 31-year-old female smoker who reported being tackled by a large individual and then being thrown up in the air and landing on a hard floor on 08/21/2012. On 03/26/2014, she was seen in a followup visit and presented with mild tenderness upon palpation of the cervical facet joints at C5-6 and C4-5. She had limited extension and rotation of the cervical spine due to pain. There was dyesthesia in the left T4 dermatome. The lumbar spine facet joints were nontender upon palpation status post rhizotomy. The sacroiliac joint on the left side was quite tender to palpation. The piriformis muscle was mildly tender. Clasp-knife weakness of dorsiflexion of the left foot was consistent with diminished sensation and perception to light touch and pinprick in L5, S1, and S2. Iliohypogastric nerve distribution on the left side demonstrated abnormal pinprick sensation. Extension of the lumbar spine was 30 degrees. Extensor hallucis longus and ankle dorsiflexion were diminished at 4+/5 on the left side. Deep tendon reflexes were improved and the Achilles was blunted but symmetrical. At that visit she was 2 weeks post epidural steroid injection for a flare-up of radiating leg pain. She reported that the leg pain was substantially improved and reduced by approximately 80 to 90%. She stated she felt much more comfortable and was able to function more easily at home and able to perform simple activities of daily living. In a spine consultation on 10/04/2014, an MRI of 09/26/2012 was reviewed which demonstrated left L4-5 a 3 mm protrusion with an annular tear in the foraminal zone, at L5-S1 a 3 to 4 mm disc protrusion with focal displacing the nerve root, at L4-5 level with displacing the nerve root as well. It was causing a moderate to severe degree of foraminal stenosis. There was also facet arthropathy and facet hypertrophy noted at L4-5 and L5-S1. There were mild discogenic changes at multiple levels including L4-5 and L5-S1. Her diagnoses included L4-5 and L5-S1 left paracentral disc protrusion displacing the nerve root, left

sacroilitis and sacroiliac joint pain, coccydynia and facet hypertrophy and facet syndrome, painful at L4-5 and L5-S1. The rationale for the requested injections was that if they helped alleviate her discomfort then there was a possibility that she would not have to undergo a 2 level fusion. There was no Request for Authorization found in the documents.

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

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

**Bilateral Sacrococcygeal Joint Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation official Disability Guidelines: Hip an Pelvis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Hip & Pelvis, Sacroiliac joint blocks.

**Decision rationale:** ACOEM Guidelines recommend that invasive techniques, for example, local injections and facet joint injections of cortisone and lidocaine, are of questionable merit. ODG recommends sacroiliac joint blocks as an option if at least 4 to 6 weeks of aggressive conservative therapy has failed. Sacroiliac dysfunction is poorly defined as the diagnosis is often difficult to make due to the presence of other low back pathology, including spinal stenosis and facet arthropathy. The diagnosis is also difficult to make as pain symptoms may depend on the region of the sacroiliac joint that is involved. Pain may radiate into the buttock, groin and entire ipsilateral lower limb. If pain is present above L5 it is not thought to be from the sacroiliac joints. Per her MRI, this worker does have foraminal stenosis as well as facet arthropathy and hypertrophy. The nerve root was displaced at L4-5 and L5-S1. Pain was noted at the L4-5 level. The Faber test was positive on the left side indicating left-sided sacroilitis but negative on the right side. Accordingly, there was no justification for bilateral injections. Additionally, the request did not state that the injections were to be given under fluoroscopy. For these reasons, the request is not medically necessary.