

<b>Case Number:</b>	CM14-0055833		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 57-year-old female who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc associated with an industrial injury date of December 10, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 4-6/10, radiating to the right thigh. This was accompanied by stabbing pain in the right low back/buttock area, and pins and needles in her right thigh. Physical examination showed an antalgic gait; limitation of motion of the lumbar spine; tenderness of the bilateral SI joints; positive sacroiliac (SI) joint loading bilaterally; positive straight leg raise on the left, eliciting numbness and tingling to the left lower extremity to the foot; positive straight leg raise on the right, eliciting pain to the right posterior thigh; bilaterally positive FABER's test; pain on right SI joint loading; and positive One Legged-Stork and Gaenslen's test, pain greatest on right SI joint. Magnetic resonance imaging (MRI) of the lumbar spine done on October 13, 2013 revealed degenerative disc disease with facet arthropathy and retrolisthesis, L5-S1; neural foraminal narrowing includes L2-L3 and L3-4 mild caudal, right, and L5-S1 severe, left; moderate-to-severe right neural foraminal narrowing with contact of the exiting L5 nerve roots; and clumping of nerve roots, most pronounced at L4-5 through L5-S1 with postoperative changes at L3 through L5-S1. Computerized tomography (CT) scan of the lumbar spine showed status post L3-4 extreme right lateral fusion and L4-5 posterior fusions; L4-5 laminectomy; severe left and moderate-to-severe right foraminal narrowing at the L5-S1 level with contact/possible impingement of the exiting nerve roots; and L4-5 right foraminal moderate-to-severe narrowing due to disc osteophyte complex and disc space height loss. Electromyography (EMG) of the bilateral lower extremities performed on June 4, 2013 demonstrated chronic left S1 radiculopathy. The diagnoses were status post lumbar fusion; severe degenerative disc disease of L5-S1 with severe foraminal stenosis; and bilateral sacroiliitis, right greater than left. Treatment

plan includes a request for right sacroiliac joint injection for diagnostic and therapeutic treatment. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, home exercise program, and lumbar epidural steroid injection. Utilization review from April 7, 2014 denied the request for right SI joint injection for diagnostic and therapeutic treatment because of absence of SI mediated pain.

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

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

#### **Right Sacroiliac Joint Injection for Diagnostic and Therapeutic Treatment.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic) (updated 12/09/2013) Criteria for use of Sacroiliac Blocks.

**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 and Pelvis, Sacroiliac Joint blocks.

**Decision rationale:** According to page 309 of the American College of Occupational and Environmental Medicine (ACOEM) Guidelines referenced by California Medical Treatment Utilization Schedule (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 (ODG) criteria for sacroiliac joint 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, physical examination findings are suggestive of sacroiliac joint dysfunction. However, there was no objective evidence of failure of aggressive conservative therapy to manage pain. The guideline recommends SI joint injections when there is failure of at least 4-6 weeks of aggressive conservative treatment to manage pain. It also states that SI injections are of questionable merit. The medical necessity has not been established because guideline criterion was not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for right sacroiliac joint injection for diagnostic and therapeutic treatment is not medically necessary.