

<b>Case Number:</b>	CM14-0061444		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 42 year-old female who has submitted a claim for chronic low back pain, multilevel degenerative disc disease, L5-S1 HNP, foraminal stenosis L2-L3; and bilateral leg pain associated with an industrial injury date of April 19, 2013. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated 5-6/10 in severity. The pain radiates down her right leg with associated numbness. It increases during the day with activity. Physical examination showed tenderness over the L4-L5 and L5-S1 facet joints. There was pain on range of motion of the lumbar spine. Diminished sensation was noted on the anterior left thigh to the knee on the right. There was also numbness over the lateral calf and tip of the right hallux. Motor strength was 4/5 on right dorsiflexion. Straight leg raise test was positive bilaterally. MRI of the lumbar spine, dated May 17, 2013, revealed broad-based posterior herniation of L5-S1 causing mild narrowing of the central canal and neuroforamina bilaterally, HNP measuring 5mm, broad-based posterior herniation of L2-L3 disc with annular fissure causing mild narrowing of the central canal and neuroforamina bilaterally, diffuse posterior and right foraminal bulge at L4-L5 causing mild narrowing of the central canal and neuroforamina bilaterally, diffuse bulge of L3-L4, and minimal retrolisthesis of L4 over L5 and L5 over S1. Treatment to date has included medications, physical therapy, TENS, chiropractic treatment, acupuncture, home exercise program, activity modification, functional restoration program, lumbar epidural steroid injections, and S1 steroid injection. Utilization review, dated April 11, 2014, denied the request for Sacroiliac Joint Injection under ultrasound guidance because the patient is currently pregnant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac Joint Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 191. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** CA MTUS states that Sacroiliac Joint Injections are of questionable merit. In addition, ODG criteria for repeat SI block include achievement of at least >70% pain relief for at least 6 weeks after the initial injection when steroids are used. In this case, the patient recently received one left posterior S1 transforaminal epidural steroid injection on June 12, 2014. There was no documentation regarding pain relief, duration and improvement of symptoms with regards to the procedure. Moreover, progress report dated April 1, 2014 state that the patient was 7 weeks pregnant. There was no mention regarding clearance from her OB/GYN for another sacroiliac injection. The medical necessity has not been established. Therefore, the request for Sacroiliac Joint Injections is not medically necessary.