

<b>Case Number:</b>	CM14-0061513		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/22/2014
<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 Physical Medicine and Rehabilitation 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:

This is a 39-year-old female who sustained injury on 07/06/2011 to her lower back from sitting for prolonged periods of time in a chair. Treatment history includes medications (Nucynta, Celebrex, Silenor, Norco, Neurontin), physical therapy, psychotherapy, and lumbar medial branch blocks. A progress report dated 04/18/2014 indicates that the pain level has decreased since last visit. She is status post 03/26/2014 LRF, patient notes that the LRF has been helpful to reduce her pain. Patient notes that she continues to have a shooting pain down left leg. She notes that she has pain in a different area of her lower back than the location she received the left LRF, it extends down her left buttock down the back of her left thigh and it does not extend to her calf or toes. On physical exam of lumbar spine, there was hypertonicity to paramedian paraspinal lumbar spine muscles. Range of motion was restricted. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on both the sides. Spinous process tenderness noted on L4, L5 and tenderness over bilateral side facet joints. Lumbar facet loading was positive on both sides. SLR was negative. Ankle jerk was 2/4 on both sides. Patellar jerk was 2/4 on both sides. Motor exam was 5/5 bilaterally in lower extremity. Sensory exam showed hypersensitivity to touch on left L3, L4, and L5. Tenderness is noted over the sacroiliac spine and over the PSIS on the left with positive Fabers. The provider requests left SI joint injection. Diagnoses include lumbar facet syndrome, low back pain, and shoulder pain. The UR dated 04/22/2014 indicates the request for SI joint injection (left side) was not medically necessary because there is lack of positive diagnostic orthopedic tests and the lack of recent aggressive conservative management focused on the left SI joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SI joint injection (left side):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12 (Low Back Complaints) 204 Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute and Chronic), Sacroiliac joint blocks.

**Decision rationale:** ACOEM guidelines state that SI joint injection is recommended if the patient failed 4-6 weeks of aggressive conservative therapy. Criteria requires 3 positive exam findings. Since the medical record did not indicate recent aggressive conservative therapy and only provided one positive exam, this request is not medically necessary.