

<b>Case Number:</b>	CM14-0079771		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 57-year-old male who reported an injury on 03/06/2013 who sustained industrial injury associated with cumulative trauma. The injured worker's treatment history included 2 lumbar epidural steroid injections, physical therapy, MRI, medications, EMG studies. The injured worker had undergone a lumbar MRI on 07/06/2013 that revealed 2 to 3 mm of retrolisthesis at the L2-3, L3-4, L4-5, and L5-S1 levels; moderate facet arthropathy at L4-5 and L5-S1; foraminal encroachment from L3 to S1, worse at L4-5 and L5-S1 where it appears moderate; there was mild congenital spinal stenosis from L3-L5 due to short pedicles. The injured worker had undergone an electrodiagnostic study on 03/04/2004 that revealed nerve conduction studies of the BLES showed decreased conduction velocities, decreased conduction amplitudes, and increased conduction latencies on the bilateral peroneal and posterior tibial nerves. EMG needle exam of L3, L4, L5, and S1 root innervated muscles demonstrated denervation involving the bilateral L5 and S1 root innervated muscles. Impression was moderate bilateral L5 and S1 radiculopathy. On 04/30/2014, the injured worker had undergone diagnostic lumbar facet injections at L4-5 and L5-S1 bilaterally. On 05/05 /2014, the injured worker had greater than 20% pain relief and functional improvement from the lumbar facet injections. He described left lower pain back following the injection improvement in arthritic back pain. There was an ongoing burning pain in the buttocks and tailbone pain bilaterally. The pain was 8/10 to 9/10 without medication and 0/10 with medications. The pain was 3/10 for current visit. Physical examination revealed tenderness at L4-5 of the paraspinals, clear SI sulcus tenderness with direct palpation, pain reproduced with provocative testing to include pain with hip flexion/abduction while externally rotated (Patrick-Faber's), positive pelvic thrust test, positive Gaenslen's, and positive sacral compression on test. Diagnoses included coccygodynia and

lumbar facet syndrome. The request for authorization or rationale was not submitted for this review.

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

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

#### **Bilateral SI Joint Injection at 1-2 week interval: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines : Hip & Pelvic Chapter.

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

**Decision rationale:** The request for the right sacroiliac joint injection is not medically necessary. The Official Disability Guidelines (ODG) recommend a joint injection under fluoroscopy as an option if failed at least 4 weeks to 6 weeks of aggressive conservative therapy. There was lack of evidence to identify sacroiliac dysfunction of the injured worker. The provider noted the injured worker's conservative care; however, the outcome measurements were not submitted for this review. It was noted the injured worker had received prior injections; however, there were no long term functional goals of improvement indicated for the injured worker. Given the above, the request for Bilateral SI Joint Injection at 1-2 week interval is not medically necessary.

#### **Bilateral SI Joint Injections under fluoroscopy QTY 2.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines : Hip & Pelvic Chapter.

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

**Decision rationale:** The request for the right sacroiliac joint injection is not medically necessary. The Official Disability Guidelines (ODG) recommend a joint injection under fluoroscopy as an option if failed at least 4 weeks to 6 weeks of aggressive conservative therapy. There was lack of evidence to identify sacroiliac dysfunction of the injured worker. The provider noted the injured worker's conservative care; however, the outcome measurements were not submitted for this review. It was noted the injured worker had received prior injections; however, there were no long term functional goals of improvement indicated for the injured worker. Given the above, the request for Bilateral SI Joint Injections under Fluoroscopy QTY; 2.00 is not medically necessary.