

<b>Case Number:</b>	CM14-0182326		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 37 year old female with a date of injury of 10/11/2010. She underwent an interbody fusion at L5-S1 on 1/14/2014. When last seen on 9/8/2014 by the provider's Physician Assistant she was complaining of low back pain radiating down both lower extremities. She stated that there was no improvement from the surgery. She denied any numbness or tingling. On examination her gait was normal. There was no neurologic deficit. The range of motion was not recorded. Specific testing of the sacroiliac joints was not reported. X-rays of the lumbar spine AP and lateral views revealed progressive consolidation of the fusion with no pseudarthrosis or hardware failure. An MRI scan from 8/31/2014 revealed wide open canal and no adjacent segment disease. Bilateral sacroiliac joint injections were recommended under ultrasound guidance. This request was later changed to an initial injection of the left sacroiliac joint with ultrasound guidance. Electromyography and a SPECT scan was also requested. The disputed issue pertains to the left sacroiliac injection. This was non-certified by UR as an appropriate physical examination had not been performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Initial left sacroiliac joint injection with ultrasound guidance x 1 as an outpatient:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Pelvis and Hip, Topic: Sacroiliac joint blocks.

**Decision rationale:** California MTUS does not address this issue. ODG criteria for sacroiliac joint blocks include a positive history and physical examination suggesting sacroiliac dysfunction with at least 3 positive diagnostic tests on physical exam pertaining to the sacroiliac joint, a diagnostic evaluation addressing the pain generator, 4-6 weeks of aggressive conservative treatment including physical therapy, a home exercise program, and medications, and use of fluoroscopy for the block. 80% pain relief lasting for the duration of the local anesthetic or 6 weeks of at least 70% pain relief from a corticosteroid injection would indicate a positive diagnostic response. The documentation provided does not include a specific examination of the sacroiliac joint, the above criteria have not been met and as such the request for a left sacroiliac joint injection with ultrasound guidance is not supported and the medical necessity is not substantiated.