

<b>Case Number:</b>	CM14-0187208		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Internal 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 an injured worker with low back complaints. The patient was injured 3/16/14. The mechanism of injury was heavy lifting. A lumbar spine MRI magnetic resonance imaging performed 8/7/14 demonstrated L2-3 disc protrusion, L3-4 disc protrusion, L4-5 disc protrusion, and L5-S1 disc protrusion. The pain management report dated 10/01/14 documented subjective complaints of low back pain with radiation at times to the legs. Objective findings included wide based gait. Low back pain was noted. There was mild tenderness to palpation noted over the paravertebral musculature. There was moderate facet tenderness noted over the L4 to S1 levels. Bilateral positive sacroiliac tenderness, Fabere, Patrick, sacroiliac thrust, Yeoman, Kemp, Farfan tests were noted. Lumbar range of motion demonstrated flexion 60 degrees and extension 10 degrees. The patient presents with moderate to severe low back pain. He has moderate pain in the lumbar facets from L4 to S1 bilaterally. He also has moderate to severe bilateral sacroiliac joint point with three positive orthopedic tests. The patient has facet pain on physical examination and facet arthropathy on MRI magnetic resonance imaging scan. He has had conservative treatment including physical therapy, chiropractic treatment, medication, rest and home exercise program. Diagnoses were lumbar degenerative disc disease, lumbar facet syndrome, bilateral sacroiliac joint arthropathy. The treatment plan included lumbar medial branch nerve blocks. Bilateral L4-S1 medial branch block rhizotomy was approved 10/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SI Joint Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections, trigger-point injections, and ligamentous injections are not recommended. ACOEM 3rd Edition (2011) states that sacroiliac joint injections for chronic low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease) is not recommended. Official Disability Guidelines (ODG) recommend that diagnostic evaluation must first address any other possible pain generators. The sacroiliac block is not to be performed on the same day as a facet joint injection or medial branch block. Medical records document that bilateral L4-S1 medial branch block rhizotomy was approved 10/23/14. Per ODG guidelines, a sacroiliac block is not to be performed concurrent to medial branch block. Other possible pain generators must be ruled out. ACOEM guidelines do not support sacroiliac joint injections for chronic low back pain. Therefore, the request for SI sacroiliac injection is not supported. Therefore, the request for SI Joint Injection is not medically necessary.