

<b>Case Number:</b>	CM14-0189767		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 64 year old male who was injured on 7/19/2012. The diagnoses are flat back syndrome, status post scoliosis fusion, thoracic and low back pain. The past surgery history is significant for multiple back surgeries including spinal fusion. The 2014 scoliosis imaging study of the spine showed intact posterior T10-S1 fusion, anterior L2-L5 fusion and multilevel degenerative disc disease. On 10/3/2014, ██████████ noted subjective complaint of low back pain radiating down the right leg associated with tingling and numbness. The pain score was rated at 6/10 on a scale of 0 to 10. The patient is using a walker to ambulate. There is objective finding of tenderness along the lumbar spine and right SI joint area. A prior SI joint injection on 8/14/2014 resulted in 60% reduction in pain lasting about 6 weeks. On 6/2/2014, ██████████ noted that the patient walked about 5 -6 miles per day. The medications are Tylenol and Oxycodone. A CT of the thoracic and lumbar spine was recently approved. A Utilization Review determination was rendered on 11/7/2014 recommending non certification for TESI SI joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TESI SI joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), sacroiliac joint blocks

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of musculoskeletal pain when conservative treatment with medications and PT have failed. The ODG guidelines recommend that there should be documentation of at least 3 out of 5 provocative tests for SI joint disease. The subjective and objective findings are consistent with lumbar radiculopathy. The records indicate the previous SI joint injection did not produce sustained SI joint pain relief. The criteria for TESI SI joint injection are not met.