

<b>Case Number:</b>	CM14-0190790		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 a 52 year old female with an injury date on 12/31/2009. Based on the 10/22/2014 progress report provided by the treating physician, the diagnoses are:1. Status post positive fluoroscopically-guided diagnostic bilateral sacroiliac joint injection.2. Bilateral sacroiliac joint pain, left worse than right3. Lumbar facet joint pain4. Lumbar facet joint arthropathy5. Lumbar sprain/strain6. Left knee internal derangement7. Left knee surgeryAccording to this report, the patient complains of "bilateral low back pain radiating to the bilateral buttocks" with pain at an 8/10. Physical exam reveals tenderness upon palpation of the bilateral sacroiliac joint sulcus. Lumbar range of motion is decreased due to pain. Patient had "bilateral sacroiliac joint injection with 80% improvement and increase range of motion 30 minutes after the injection and that lasted greater than 2 hours" on 04/17/2014. There were no other significant findings noted on this report. The utilization review denied the request for Therapeutic bilateral SI joint injection under fluoroscopy guidance qty:1.00 and Follow-up office visit 2 weeks after injection qty:1.00 on 11/05/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 03/05/2014 to 11/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic Bilateral SI Joint Injection Under Fluoroscopy Guidance Quantity: 1.00:**  
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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter under SI joint injections

**Decision rationale:** According to the 10/22/2014 report, this patient presents with bilateral low back pain radiating to the bilateral buttocks." Per this report, the current request is for Therapeutic bilateral SI joint injection under fluoroscopy guidance qty: 1.00. The UR denial letter states "A previous response to SI joint injections does not obviate the need for fulfilling criteria for subsequent blocks. "Regarding repeat sacroiliac joint injections, ODG guidelines states "the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks."Review of reports show patient's prior injections did provide at least >70% pain relief; however, pain relief was not obtained for 6 weeks. No functional improvement was documented either following prior injection. In this case, the requested repeat sacroiliac joint injection did not meet the ODG guidelines criteria. Therefore, the request is not medically necessary.

**Follow-up Office Visit 2 Weeks After Injection Quantity: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** According to the 10/22/2014 report, this patient presents with bilateral low back pain radiating to the bilateral buttocks." Per this report, the current request is for Follow-up office visit 2 weeks after injection qty:1.00. Regarding follow-up office visit, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the request for injection is not medically necessary. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.