

<b>Case Number:</b>	CM14-0198639		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	11/03/2005
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Georgia. 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 56 year old female presenting with a work related injury on 11/03/2005. On 08/14/2014, the patient complained of low back pain. The physical exam revealed tenderness over the sacroiliac joints over with coccygeal tenderness over the area where she fell. The patient was diagnosed with chronic low back pain, degenerative disc disease. The patient had a prior epidural steroid injection. The patient's medications included Celebrex, Cymbalta and Vicodin ES. The provider performed sacroiliac joint injections with Depo-medrol 80mg, Xylocaine and Marcaine. On 08/29/14, the patient had trigger point injections at L5 and bilateral sacroiliac joints. The patient had another set of trigger point injections and bilateral sacroiliac joint injections on 09/24/14 and 10/29/14 respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Depo Injections x2 Bilateral SI Joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Sacroiliac Joint Blocks

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

**Decision rationale:** Depo injections x2 bilateral SI joint is not medically necessary. The California MTUS guidelines do not make recommendations on sacroiliac joint injections. The Official Disability Guidelines, chapter on pelvis and hip pain, recommends sacroiliac joint blocks as an option if 4-6 weeks of aggressive conservative therapy has failed and if at least 70% reduction in pain for greater than 6 weeks with previous injections. The reviewed record notes did not have documentation of failed conservative therapy including 4-6 weeks of physical therapy or patient response of at least 70% reduction in pain for greater than 6 weeks with the previous injections. Therefore, the requested procedure is not medically necessary.

**Depo Trigger Point Injections x3 Bilateral Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 84.

**Decision rationale:** Depo trigger point injections x3 bilateral lumbar spine is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed. Therefore, the requested service is not medically necessary.