

<b>Case Number:</b>	CM14-0207748		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Physical Medicine Rehabilitation and Pain 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 injured worker is a 60-year-old male who reported an injury on 05/17/2011. The mechanism of injury reportedly occurred from using a bulldozer and a backhoe while at work. His diagnoses included lumbar facet osteoarthritis, lumbar facet cyst at the left L4-5 level, lumbar radiculopathy, and bilateral sacroiliitis. Past treatments included a left L4-5 transforaminal ESI on 11/19/2013 and 6 visits of chiropractic care, and medications. Diagnostic studies included an MRI of the lumbar spine on 01/12/2012, which showed a large synovial cyst arising off the left facet joint at the L4-5 level, causing central canal stenosis and displacing the L5 nerve root medially. Surgical history was not provided. On 12/04/2014, the injured worker was seen for chronic burning and aching low back and left leg pain. The injured worker had pain from the hip that radiated into the left foot. The patient stated the low back pain and left leg pain levels were at 5/10 with medications and 7/10 without medications. Medication reduced the pain by 30% to 50%. The injured worker reported that the benefits of the chronic pain medication management regimen, activity restrictions, and rest continued to keep pain within a manageable level to allow the injured worker to complete necessary activities of daily living such as walking, shopping, and light household chores. The past injection in 11/19/2013 lasted more than 10 months with 80% effectiveness. The injured worker is looking to receive another injection since he does not take any medications. He was currently not working. On exam of the lumbar spine, there was moderate tenderness to palpation over the L1-5 paraspinal musculature and diffuse mild tenderness to palpation over the lumbosacral region. There was a positive straight leg raise bilaterally. Flexion and lateral bending were 50% restricted and extension was 100% restricted. Medications included ibuprofen and Lidoderm. The treatment plan was to continue with heat, ice, rest, and gentle stretching and exercise as tolerated; continue his previously prescribed

medications; and followup on an as needed basis. The Request for Authorization was dated 12/04/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Injection, for bilateral sacroiliac joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Injections Page(s): 300.

**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, Sacroiliac Joint Injections (SJI)

**Decision rationale:** The request for an injection for bilateral sacroiliac joint is not medically necessary. The California MTUS Guidelines state there should be at least 3 positive exam findings consistent with the diagnosis. The patient has a diagnosis of sacroiliitis and had a positive Patrick's test on 11/05/2014; however, there were no notes or objective findings suggestive of SI joint pain. There was a lack of documentation of SI joint tenderness on exam in 12/2014. As such, this request is not medically necessary.