

<b>Case Number:</b>	CM15-0133144		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### 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 40-year-old female who sustained an industrial injury on 06/12/2012. Mechanism of injury was not found with documentation provided. Diagnoses include failed back surgery syndrome, lumbar degenerative disc disease with intractable low back pain, bilateral lumbar radiculopathy, and S1 joint dysfunction acute flare. Treatment to date has included diagnostic studies, medications, physical therapy, and medial branch blocks. She continues to work. A physician progress note dated 06/25/2015 documents the injured worker complains of chronic intractable low back pain. She states she is kind of stuck again over on the left. She has right knee pain due to the way she is walking. She is able to sit 0-1 minute, stand 0-1 minute and walk 0-1 minute. She awakens at night due to the pain. She rates her pain at a 7 out of 10 and sometimes higher than 8 out of 10. Her torso is listing to the left, and she walks hunched over. She has positive right knee tenderness to palpation medially. There is a positive McMurray's, and positive edema of the right knee. She received Toradol 60mg IM with this visit and Iontophoresis x 2, one to the knee and one to the low back. The treatment plan includes a refill of Flexeril, Oxycodone, Percocet, and a surgical evaluation. Treatment requested is for Right Sacroiliac joint injection. The medication list include Flexeril, Oxycodone, Omeprazole and Percocet. The patient had received an unspecified number of the PT visits for this injury The patient's surgical history include lumbar surgery. Patient had received lumbar medial branch block for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sacroiliac 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, Sacroiliac joint blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hip and Pelvis chapter, Hip & Pelvis (updated 08/04/15), Sacroiliac joint injections (SJI).

**Decision rationale:** Right Sacroiliac joint injection. California Medical Treatment Utilization Schedule (MTUS), does not address SI joint injection under fluoroscopy. Therefore ODG used. As per ODG SI joint injection under fluoroscopy "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy." Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehabilitation efforts including physical therapy and chiropractic sessions was not specified in the records provided. Evidence of lack of response to conservative treatment including exercises, physical methods was not specified in the records provided. A detailed examination of the SI joint area was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Right Sacroiliac joint injection is not fully established in this patient. The request is not medically necessary.