

<b>Case Number:</b>	CM15-0162814		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/18/1999
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old male worker who was injured on 3-18-1999. The medical records reviewed indicated the injured worker (IW) was treated for sacroiliitis; spinal enthesopathy; gluteal enthesopathy; lumbar post laminectomy syndrome; and lumbar degenerative disc disease. The progress notes (5-8-15 and 7-15-15) indicated the IW had lower back and left leg pain, rated 8 to 9 out of 10 and not improved by any action. He received blind right sacroiliac joint (SIJ) injections on 1-12-15 that were "helpful for a while". Medications were Avinza 90mg once daily, Neurontin 800mg three pills once daily and Celebrex 200mg once daily, Voltaren 1% gel 3 to 4 times daily and Flector patches occasionally. He also used medical marijuana. He reported his medications were not as effective as he would like. On physical examination (7-15-15) there was tenderness over the dorsal lateral ligaments and over the lumbar paraspinal muscles bilaterally. The treatment plan included trigger point injections, weight reduction and continued medications. A Request for Authorization asked for unknown trigger point injections and unknown sacroiliac joint injections. The Utilization Review on 8-4-15 non-certified the request for unknown trigger point injections and unknown sacroiliac joint injections due to lack of documentation of objective evidence of actual trigger points.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Unknown Trigger Point Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** The claimant has a remote history of a work injury in March 1999 and is being treated for low back pain with a diagnosis of failed back surgery syndrome. In January 2015 the claimant received a nonguided injection to the right sacroiliac joint, dorsal sacroiliac joint ligaments, and gluteal enthesis which were helpful for awhile. When seen, his BMI was over 42. There was lumbar paraspinal muscle and dorsolateral ligament tenderness. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and a trigger point injection was not medically necessary.

### **Unknown Sacroiliac Joint Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** The claimant has a remote history of a work injury in March 1999 and is being treated for low back pain with a diagnosis of failed back surgery syndrome. In January 2015 the claimant received a nonguided injection to the right sacroiliac joint, dorsal sacroiliac joint ligaments, and gluteal enthesis which were helpful for awhile. When seen, his BMI was over 42. There was lumbar paraspinal muscle and dorsolateral ligament tenderness. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In the treatment or therapeutic phase, the procedure should be repeated only as necessary and should be limited to a maximum of four times for local anesthetic and steroid blocks over a period of one year. Criteria for a repeat injection include greater than 70% pain relief for 6 weeks from previous injections. In this case, the claimant has undergone a prior sacroiliac joint injection with an unknown degree or duration of pain relief. No positive physical examination findings of sacroiliac joint mediated pain are documented. The above criteria are not met and the requested sacroiliac joint injection is not medically necessary.