

<b>Case Number:</b>	CM15-0182346		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/03/1997
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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:

The injured worker is a 57 year old male, who sustained an industrial injury on September 3, 1997, incurring low back injuries. He was diagnosed with lumbar disc disease and lumbar radiculopathy. Treatment included a surgical lumbar fusion, pain medications, pain stimulator implant, sacroiliac joint injections, and activity restrictions. Currently, the injured worker complained of persistent low back pain and burning pain across his low back and buttocks radiating into his left leg and into his left foot. He rated his pain at its worse a 10 out of 10. He noted discomfort with extension and rotation of the lumbar spine. His stimulator was interrogated, finding the batteries dead. He was diagnosed with failed back surgery, bilateral sacroiliac joint pain, and bilateral lower extremity neuropathy. He noted exercising and stretching increased his pain. He had difficulty sleeping and pain upon walking. The injured worker continued with pain medications for some relief. The treatment plan that was requested for authorization on September 16, 2015, included two bilateral joint injections. On September 11, 2015, a request for two bilateral joint injections was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two bilateral joint injections:** 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 (Acute & Chronic), Sacroiliac Injections, Therapeutic.

**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 September 1997 and is being treated for chronic low back pain after a lumbar fusion. Treatments include a spinal cord stimulator. In December 2014 bilateral sacroiliac joint injections in September are referenced as providing three months of good pain relief. Repeat injection was done in February 2015. In March 2015 he had pain rated at 10+/10 and was having new right buttock pain wrapping around to the left leg and into the left foot. A selective nerve root block was requested and was denied. When seen in August 2015, pain was again rated at 10+/10. There was bilateral sacroiliac joint tenderness with positive sacroiliac joint testing. A repeat sacroiliac joint injection procedure is being requested. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain. Criteria for a repeat injection include greater than 70% pain relief for 6 weeks from previous injections. In this case, the claimant has undergone prior sacroiliac joint injections with the last injection not appearing to have provided any lasting pain relief and is having left lower extremity radicular symptoms. The criteria for a repeat injection are not met. The requested sacroiliac joint injection procedure is not medically necessary.