

<b>Case Number:</b>	CM15-0185111		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/11/1991
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 76-year-old female sustained an industrial injury on 6-11-91. Documentation indicated that the injured worker was receiving treatment for cervical and lumbar spine radiculopathy. Previous treatment included physical therapy, epidural steroid injections, spinal cord stimulator, lumbar fusion x 2, injections and medications. In a neurosurgical evaluation dated 9-1-15, the injured worker complained of ongoing leg pain. The physician noted that the injured worker had complete loss of bowel control and "severe dysfunctional" leg radiculopathies with pain, burning, numbness and "complete" weakness of the right foot with burning into the perianal vaginal regions. Physical exam was remarkable for tenderness to palpation to the lumbar spine with spasm, "diminished" sensation in the left L4 distribution, 1+ reflexes in bilateral ankles, positive left straight leg raise and "decreased" trunk range of motion. The physician documented that magnetic resonance imaging lumbar spine showed a large extra-axial fluid collection in the lumbar spine and an indural cystic collection of central spinal fluid causing compression of the cauda equina. New computed tomography lumbar spine showed patent fusion at L2 through S1 and partial fusion at L1-2 with slight lucency around bilateral L1 screws. The physician stated that the injured worker still had "significant" pain of the right posterior superior iliac spine. The physician recommended a steroid injection to the right sacroiliac joint, reevaluation by a bowel physician, a psychological assessment and treatment, placement of an intrathecal pump. On 9-4-15, Utilization Review noncertified a request for an outpatient steroid injection to the right sacroiliac joint.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Outpatient steroid injection to the right sacroiliac joint: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM SIJ Official Disability Guidelines (ODG), SI blocks.

**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 Chapter under SI joint injections.

**Decision rationale:** The patient presents with pain in the cervical and lumbar spines. The request is for Outpatient Steroid Injection to the Right Sacroiliac Joint. Patient is status post low back surgery, date unspecified. Physical examination to the lumbar spine on 09/01/15 revealed tenderness to palpation. Per 09/04/15 Request for Authorization form, patient's diagnosis include spinal fusion L2-S1, and pseudarthrosis C4-5 and C5-6. Patient's medications, per 06/15/15 progress report include Norco and Gabapentin. Patient's work status was not specified. ODG Guidelines, Low Back Chapter under SI joint injections Section, "Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. The treater has not specifically addressed this request. The patient continues with pain in the low back and is diagnosed with spinal fusion L2-S1. MRI findings of 07/02/14 showed that the patient is status post posterior fusion L1 through S1, bone graft material seen at L1-S1, persistent grade I anterolisthesis at L4-5, the L4 vertebral body was anteriorly translocated 6mm on L5, laminectomy defects seen at L1 through S1, grade I retrolisthesis at L1-2, the L1 vertebral was posteriorly translocated 2-3mm on L2. In this case, the patient does not present with inflammatory SI joint problems. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. This request does not meet guidelines indication for RIGHT SI Joint Injection. Therefore, the request is not medically necessary.