

<b>Case Number:</b>	CM15-0192732		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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:

The injured worker is a 61-year-old male, who sustained an industrial injury on 6-10-2010. The injured worker was diagnosed as having lumbar spine radiculopathy left lower extremity, secondary to degenerative disc disease and disc herniation. Treatment to date has included diagnostics, physical therapy, acupuncture, left transforaminal epidural steroid injection at L3-4 and L4-5 on 5-06-2015, and medications. On 7-17-2015, the injured worker complains of constant lumbar spine pain, rated 7-8 out of 10, and "hard to move last 3 weeks". The treating physician documented that lumbar epidural steroid injection on 5-16-2015 did decrease pain (rated 2-9 out of 10 on 6-03-2015), noting that he was also recommended for left sacroiliac joint injection. Functional change since last examination was noted as "worse", noting decreased tolerance for walking and sitting. Currently (8-27-2015), the injured worker complains of constant lumbar spine pain, rated 7-8+ out of 10, mainly on the left side, with radiation to the left lower extremity posterior to the knee and left leg weakness. The treating physician documented that injection on 5-06-2015 decreased pain "briefly". Physical exam noted difficulty with sitting and rising from sitting, and ambulating. Tenderness and decreased range of motion were present in the lumbar-lumbosacral spine bilaterally. Motor and/or sensory exam was blank. Straight leg raise was positive on the left. Orthopedic Qualified Medical Evaluation (7-14-2015) noted treatment recommendation for lumbar epidural steroid injections. Urine toxicology (report 5-20-2015) was inconsistent with reported medications and did not detect Gabapentin or Hydrocodone. Magnetic resonance imaging of the lumbar spine (2013) was documented to show herniated nucleus pulposus (ranging 2-4mm) at L5-S1, L4-5, L3-4, L2-3, and L1-2. Current medication regimen was not specified. Work status was total temporary disability. Per the Request for Authorization dated 8-27-2015, the treatment plan included a left sacroiliac joint injection, non-certified by Utilization Review on 9-03-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left 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 (ODG), Hip & Pelvis, Sacroiliac injections, diagnostic.

**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 lumbar spine. The request is for LEFT SACROILIAC JOINT INJECTION. Examination to the lumbar spine on 06/03/15 revealed normal sensory and motor powers. Deep tendon reflexes were within normal limits. Straight leg raising test was positive on the left. Range of motion was noted to be limited. Patient used a cane for ambulation. Patient's treatments have included physical therapy, sleep studies, chiropractic and acupuncture, and lumbar ESI's with benefits. Per 07/14/15 report, patient's diagnosis include chronic low back pain with multilevel disc degeneration with annular tear at L5-S1, left lower extremity radiculopathy, left inguinal hernia status post repair October 1, 2010, with subsequent exploration and triple neurectomy, May 8, 2012, with improved symptoms. Patient's medications, per 04/02/15 progress report include Norco and Gabapentin. Patient's work status, per 07/17/15 progress report, is temporarily totally disabled for 6 weeks. 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. In progress report dated 07/17/15, the treater states that the lumbar ESI on 05/06/15 decreased pain and is recommending left SI injection. Review of the medical records provided did not indicate prior sacroiliac injections. The patient continues with pain in the lumbar spine and his diagnosis includes chronic low back pain with multilevel disc degeneration with annular tear at L5-S1. 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 left sacroiliac injection. Therefore, the request IS NOT medically necessary.