

<b>Case Number:</b>	CM15-0195147		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Hawaii

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 59-year-old female who sustained an industrial injury on 11-6-2012. Diagnoses have included bilateral sacroiliitis, lumbar spondylosis without myelopathy, lumbar herniated disc, lumbar spinal stenosis and lumbago. Additional diagnoses include ankle joint derangement, hand joint pain, cervical displacement and status post left shoulder arthroscopy for rotator cuff repair on 5-20-2014. A diagnostic MRI with an illegible date was cited in the medical record showing disc desiccation, hemangioma, straightening of lumbar lordotic curve, and disc herniation. An electromyography on 3-9-2015 was labeled as "abnormal," with evidence of denervation in right-sided L5-S1 innervated muscles. A nerve conduction velocity study on the same date revealed no abnormal findings. Documented treatment includes physical therapy noted with minimal benefit, massage therapy with temporary benefit, acupuncture with no benefit, use of a TENS unit stated to provide no relief or cause discomfort, ice, heat, and medication. There is no reference to previous injections in the provided record. On 8-4-2015, the injured worker complained of continuing "stabbing" and "burning" pain in her low back rated at 7 out of 10. She stated that both legs felt achy with a description of "heaviness," and stabbing in the left knee. Standing or lying were stated to make it worse, while sitting caused some relief. Pain had been interfering with sleep and most movements made it worse. She also had pain in her neck, upper back, and bilateral shoulders. She has had muscle spasms causing her to fall leading to other injuries. The treating physician's plan of care includes bilateral sacroiliac joint injections and post-procedure follow up evaluation with a pain management specialist. This was denied on 9-14-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral sacroiliac 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 - Treatment in Workers Compensation, Hip & Pelvis Procedure Summary, Sacroiliac Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter, Sacroiliac Joint Injections.

**Decision rationale:** The patient presents with low back pain. The current request is for bilateral sacroiliac joint injection. The treating physician's report dated 08/04/2015 (106C) states, "Supine straight leg raise, FABER and FAIR tests are negative bilaterally." The MTUS and ACOEM Guidelines do not address sacroiliac joint injections, however, ODG Guidelines under the Hip and Pelvis chapter on Sacroiliac Joint Injections recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercises, and medication management. ODG further states, "In the treatment or therapeutic phase, the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks." Medical records do not show any previous bilateral sacroiliac joint injection. The patient does not have 3 positive exam findings for SI joint syndrome. In this case, the patient does not meet the criteria set by the ODG guidelines for SI joint injection. The current request is not medically necessary.

### **Post procedure follow-up evaluation with a PM&R specialist (lumbar):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary, Evaluation and Management (E&M).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

**Decision rationale:** The patient presents with low back pain. The current request is for Post procedure follow up evaluation with a PM&R specialist (lumbar). The treating physician's report dated 08/04/2015 (106C) states, "RTC 2 weeks after last bilateral sacroiliac joint injections for routine post-procedure follow-up appointment with pain management." The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in- person or telephone. In this case, while follow-up evaluations are supported by the ACOEM Guidelines, the patient's bilateral sacroiliac joint injection was not authorized. Therefore, post procedure follow-up is not warranted. The current request is not medically necessary.

