

<b>Case Number:</b>	CM15-0196590		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/09/1982
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 79 year old male, who sustained an industrial injury on 2-9-1982. The injured worker is undergoing treatment for: sacralgia, lumbar arthropathy, low back pain. On 9-9-15, he reported pain to the neck and back and legs. He is reported to have been treated conservatively 30 years ago. He indicated the low back pain to radiate into the bilateral buttocks. He rated his pain 8 out of 10 at rest. He reported that medications make him sick, and that prolonged activity such as sitting, and bending worsen his pain. He indicated he is only able to walk one-half block before needing to stop and is sedentary most of his day. He reported using Oxycodone or hydromorphone for pain which last 4-5 hours with a half pill. Objective findings revealed tenderness over the posterior lumbar sacral area and posterior superior iliac spine, and limited range of motion with decreased strength is noted. The treatment and diagnostic testing to date has included medications, facet steroid injections, and multiple physical therapy sessions. There are no current diagnostic testing reports noted or discussed. Medications have included: buprenorphine patches, ibuprofen, naproxen, oxycodone, vimovo, Proventil, atorvastin, and hydromorphone. Current work status: retired. The request for authorization is for one bilateral sacroiliac joint injections. The UR dated 9-21-2015: non-certified the request for one bilateral sacroiliac joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 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 ACOEM Practice Guidelines, 2011, Chapter 9, Low Back Disorders; Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, 2015 Chapter: Hip & Pelvis.

**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 neck, low back, and bilateral lower extremities. The request is for 1 bilateral sacroiliac joint injections. Physical examination to the lumbar spine on 09/09/15 revealed tenderness to palpation over the posterior lumbar sacral area and posterior superior iliac spine. Range of motion was noted to be limited with pain. Patient's treatments have included medication, physical therapy, home exercise program, and facet joint injection. Per 09/03/15 progress report, patient's diagnosis includes disc displacement without myelopathy, lumbar spine; pain, lumbar spine; chronic pain syndrome. Patient's medications, per 08/05/15 progress report include Proventil, Atorvastatin, Buprenorphine Patch, Anacin, Uloric, Hydrochlorothiazidine-Valsartan, Levothyroxine, and Metopropol. Patient is permanent and stationary. 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 09/09/15, the treater is proposing bilateral SI joint injection to help determine where the source of pain. Review of the medical records provided did not indicate prior sacroiliac injections. The patient continues with low back pain his diagnosis includes lumbar spine disc displacement without myelopathy, lumbar spine pain, and chronic pain syndrome. 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 sacroiliac injection. Therefore, the request is not medically necessary.