MAXIMUS Federal Services

| Case Number: | CM15-0202932 | | |
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| Date Assigned: | 10/19/2015 | Date of Injury: | 02/15/2002 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

## 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 46 year old male who sustained an industrial injury on 2-15-02. He is working modified duty (8-10-15). The medical records indicate severe discogenic low back pain with radiculitis versus right sacoiliitis. He currently (9-24-15) complains of worse pain since his last visit with a constant throbbing pain on the right side. On physical exam the injured worker is able to transfer from chair to standing and standing to exam table are performed with some difficulty and with moderate discomfort, no dermal midline abnormalities; there was right sacroiliac regional tenderness; positive Patrick's test for right sacroiliac pathology. He had a pain level of 2-3 out of 10 at rest and 7-8 out of 10 when aggravated (8-10-15 progress note). The injured worker has undergone MRI of the lumbar spine (9-8-15) showing disc herniation at L4-5 both right and left; x-rays of the lumbar spine (4-2-15) showing mild disc space narrowing at L5-S1. Treatments to date include methotrexate, ibuprofen, prior Robaxin, Norco; injections (about 4 but body part and dates not identified) with benefit. The progress note dated 9-24-15 indicates severe right sacoiliitis or severe discogenic back pain emanating from disc herniation at L4-5 and to help differentiate, the injured worker should undergo right sacroiliac joint injection under fluoroscopic guidance (diagnostic and therapeutic). The request for authorization was not present. On 10-1-15 Utilization Review non-certified the request for right sacroiliac joint injection under fluoroscopic guidance (diagnostic and therapeutic).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI joint injection under fluoroscopic guidance (diagnostic and therapeutic):** 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 and Pelvis Procedure Summary.

**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 with radiculitis. The current request is for Right SI joint injection under fluoroscopic guidance (diagnostic and therapeutic). The treating physician's report dated 09/24/2015 (5B) states, "Palpation of the back demonstrates right SI regional tenderness. Masses are not palpated. This patient has features of his investigation that point to either severe right sacroiliitis or severe discogenic back pain emanating from disc herniation at L4-5. To help and differentiate in these two, his most appropriate next step would be to undergo a right SI joint injection under fluoroscopic guidance for both diagnostic and therapeutic reasons. Follow up at the time of his injection." The examination from this report shows negative straight leg raise and a positive Patrick's test. Medical records do not show a history of SI joint injection. 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. In this case, the ODG Guidelines require 3 positive exam findings for SI joint injections. The medical records provided did not reveal the required criteria for S/I joint injection. The current request is not medically necessary.