

<b>Case Number:</b>	CM15-0205923		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/29/2011
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 56 year old female, who sustained an industrial injury on 05-29-2011. She has reported injury to the low back. The diagnoses have included lumbalgia; L5-S1 post-traumatic disc bulge with left S1 nerve root impingement; L3-4 and L4-5 post-traumatic disc bulge with mild left foraminal narrowing and mild facet and ligamentum hypertrophy; and Tarlov cysts S2 and S3. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Norco, Fetzima, and Flexeril. A progress report from the treating physician, dated 09-30-2015, documented an evaluation with the injured worker. The injured worker reported back pain, low back pain, and lumbar complaints; the severity of the condition is rated a 6 on a scale of 1-10, with 10 being the worst; the back pain is described as aching, sore, and shoots down the legs; back extension and flexion worsen the condition; left shoulder pain, rated a 6 on a scale of 1-10, with 10 being the worst; the pain is described as aching, burning, deep, and shooting; bending and lifting worsen the condition; she notes substantial benefit of the medications; and she has nociceptive, neuropathic, and inflammatory pain, with about 80% improvement in pain. Objective findings included positive tenderness at the acromioclavicular joint; left and right shoulder ranges of motion are decreased with pain; S1 dermatome demonstrates decreased light touch sensation on the left; lumbosacral exam reveals positive pelvic thrust, Faber's maneuver, Patrick's maneuver, and pelvic rock maneuver on the left; pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilaterally; pain with rotational extension indicative of facet capsular tears left, secondary myofascial pain with triggering and ropey fibrotic banding on the left; and straight leg raise testing is positive on the

left side. The treatment plan has included the request for S1 joint injections left sided. The original utilization review, dated 10-16-2015, non-certified the request for S1 joint injections left sided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**S1 Joint Injection Left Sided:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lumbar sympathetic block.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint blocks.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition, there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case, there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection. Therefore, the guideline criteria have not been met and determination is non-certification.