

<b>Case Number:</b>	CM15-0207006		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	05/06/2004
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/06/2015
<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 68-year-old female who sustained an industrial injury on 5-6-2004 and has been treated for bilateral low back pain without sciatica; knee pain; bilateral shoulder pain; right-sided sacroiliac joint dysfunction; and, lumbar spondylosis, degenerative joint disease and facet arthropathy. On 9-18-2015, the injured worker reported low back pain, described as burning, constant, and interfering with activities of daily living. Both activity and prolonged rest was stated to aggravate her symptoms. Objective evaluation revealed tenderness with palpation over the right L4-5 and L5-S1 joints, which was worse with flexion, and also tenderness over the right sacroiliac joint. Documented treatment includes NSAIDs, which cause stomach upset, Acetaminophen, and gabapentin. It is stated in the note that she "has not undergone any interventional pain procedures." The treating physician's plan of care includes a request for authorization, which was submitted 9-30-201 for Right L4-5 and L5-S1 facet joint, and right S1 joint injections which was denied on 10-6-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injections L4-5 and L5-S1 right side: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, blocks for facet "mediated" pain.

**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 / Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Per ODG Low Back/Facet joint intra-articular injections (therapeutic blocks): "Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." In this case, review of clinical notes from 9/18/15 show that this patient does not meet the above ODG criteria because there is no evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Thus, the request is not medically necessary.

**Right SI injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Sacroiliac joint blocks.

**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 on 9/18/15. Therefore, the guideline criteria have not been met and the request is not medically necessary.