

<b>Case Number:</b>	CM15-0024462		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 56 year old female who sustained an industrial injury on January 19, 2000. The injured worker was diagnosed with sprain/strain of the cervical spine, neuropathic right forearm and wrist pain, lumbar spinal stenosis, degenerative joint disease of the lumbar spine and depression. The injured worker underwent a lumbar fusion L3-L5 on January 28, 2014. Lumbar X-rays performed on January 14, 2015 demonstrated fusion with stable hardware, subtle radiolucent halos around the pedicular screws and scattered spondylitic changes. The injured worker was seen in an emergency room in November 2014 and on January 20, 2014 with complaints of a flare up of severe right sciatica pain and treated with pain medication and anti-inflammatories. According to the primary treating physician's progress report on January 23, 2015, the injured worker expressed severe, constant neck pain with radiation down the right upper extremity causing weakness of the right arm. On January 26, 2015 the injured worker expressed an increase in her lower back symptoms with radiation to the right lower extremity. The injured worker ambulates with a guarded posture. Current medications consist of Tramadol, Butrans, Hydrocodone, Clonazepam, Fetzima ER and Cymbalta. Treatment modalities consist of heat/cold therapy, physical therapy, home exercise program, Cognitive Behavioral Therapy (CBT) and medication. The treating physician requested authorization for Sacroiliac (SI) joint injection and Post-Op office visit. On February 3, 2015 the Utilization Review denied certification for the Sacroiliac (SI) joint injection and Post-Op office visit. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, SI Joint, pages 263-264

**Decision rationale:** ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the "diagnostic gold standard" as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not met guidelines criteria especially when previous injections have not been documented to have provided any functional improvement for this chronic injury. The Sacroiliac joint injection is not medically necessary and appropriate.

**Post-op office visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. As the Sacroiliac joint injection is not medically appropriate and necessary; thereby, the postop procedural visit is not medically necessary and appropriate.

