

<b>Case Number:</b>	CM15-0210183		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Family Practice

### 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 February 4, 2008, incurring low back, right hip and right knee injuries. She was diagnosed with lumbar degenerative disc disease, lumbar spondylosis and osteoarthritis of the hip and knee. Treatment included steroid injections in the right hip with 80% improvement, bilateral branch blocks with 40% pain reduction and improved range of motion for just one day and an epidural steroid injection helping her leg but not her back. Other treatment included pain medications, muscle relaxants, home exercise program, neuropathic medications, and H-wave machine and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating into the right hip and continued right knee pain. In May 2015, a right knee Magnetic Resonance Imaging revealed a tear of the medial meniscus with a joint effusion. A right hip Arthrogram showed a new anterior labrum tear. She underwent a right total knee replacement and right hip surgery. The injured worker complained of chronic pain in her back and joints. The treatment plan that was requested for authorization included bilateral sacroiliac joint injections, posterior lumbar spine, right knee and right hip. On October 12, 2015, a request for bilateral sacroiliac injections was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Sacroiliac Joint Injections, Posterior Lumbar Spine, Right Knee, Right Hip:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac injections, diagnostic; Sacroiliac injections, therapeutic.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvic Chapter / Sacroiliac injections, therapeutic.

**Decision rationale:** ODG does 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. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. In this case, the medical records do not establish evidence of inflammatory spondyloarthropathy to support the request for sacroiliac joint injections. In addition, per the MTUS guidelines, injections of corticosteroids or local anesthetic can mask symptoms and inhibit long-term solution to the patient's problems. Corticosteroids and local anesthetics have risks associated with administration including infection and unintended damage to the neurovascular structures. The request for Bilateral Sacroiliac Joint Injections, Posterior Lumbar Spine, Right Knee, and Right Hip is not medically necessary and appropriate.