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| <b>Case Number:</b>   | CM15-0211494 |                              |            |
| <b>Date Assigned:</b> | 10/30/2015   | <b>Date of Injury:</b>       | 01/27/2011 |
| <b>Decision Date:</b> | 12/17/2015   | <b>UR Denial Date:</b>       | 10/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2015 |

### 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 55 year old male, who sustained an industrial injury on 1-27-11. The injured worker is diagnosed with left sacroiliitis, lumbosacral strain and lumbar facet arthropathy. His work status is temporary total disability. Notes dated 4-21-15 and 8-13-15 reveals the injured worker presented with complaints of constant, severe low back pain that radiates to his feet bilaterally with numbness and tingling. The pain is described as aching and is rated at 9 out of 10. The pain is increased with pushing, pulling, lifting, bending, stooping, squatting, twisting and prolonged sitting, standing or walking. He experiences temporary relief from rest, ice and heat packs, electro stimulation, medication and lumbar support. He reports he is able to walk and stand for 20-30 minutes and able to sit for 10 minutes, he can lift and carry 10 pounds. Physical examinations dated 8-8-15, 8-13-15 and 9-19-15 revealed 2+ lumbar paraspinous muscle spasm and tenderness to palpation is noted at the left sacroiliac joint. The Faber's sign, thigh thrust sign and Gaenslen's sign are all positive on the left causing left sacroiliac joint pain. Treatment to date has included sacroiliac injections provided relief and chiropractic care. Diagnostic studies include lower extremity electrodiagnostic study, lumbar MRI and x-rays. A request for left sacroiliac joint injection is denied, per Utilization Review letter dated 10-9-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Left SI joint injections: Upheld**

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

**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 Pelvic/ Sacroiliac injections, therapeutic Hip and Pelvic/ Sacroiliac injections, diagnostic.

**Decision rationale:** According to ODG, diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). ODG does not recommend therapeutic sacroiliac intra-articular or peri-articular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). ODG recommends therapeutic sacroiliac joint injection 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). Per ODG, instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. ODG notes that current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or peri-articular injections for non-inflammatory pathology. The medical records do not establish diagnosis for which therapeutic sacroiliac joint injections would be indicated for. The medical records do not establish a diagnosis of inflammatory spondyloarthropathy. The request for Left SI joint injections is therefore not medically necessary and appropriate.