

<b>Case Number:</b>	CM15-0211678		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	11/27/2005
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/21/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 27, 2005. In a Utilization Review report dated October 21, 2015, the claims administrator failed to approve requests for sacroiliac joint injections and trigger point injections. The claims administrator referenced an October 14, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant was placed off of work, on total temporary disability. The applicant had undergone an earlier knee lysis of adhesions procedure some 2 weeks prior, the treating provider reported. Norco was renewed while the applicant was kept off of work. The treating provider noted that the applicant was verbally combative during portions of the evaluation. On August 20, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. Numbness and dysesthesias about the lower extremities were reported, the treating provider stated in another section of the note. The applicant had received physical therapy, sacroiliac joint injection therapy, knee injections, lumbar spine surgery, a knee arthroscopy, and bilateral total knee arthroplasty, the treating provider reported. The applicant was asked to employ a CPAP device for reported sleep apnea, the treating provider further noted. The applicant's past medical history was notable for history of a total knee arthroplasty, hypertension, a knee lysis of adhesions procedure, lumbar fusion surgery, and a shoulder arthroscopy. The applicant's medications included Zestril, Zocor, Norco, and Effexor, the treating provider reported. Electrodiagnostic testing of September 17, 2015 was notable for a chronic left L4 and L5

lumbar radiculopathy. On a note dated September 21, 2015, the applicant's electrodiagnostician suggested that the applicant would benefit from an epidural steroid injection.

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

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

#### **Bilateral sacroiliac joint injections under fluoroscopy, quantity 2: 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) Integrated Treatment/Disability Duration Guidelines Hip & Pelvis (acute & chronic) (updated 09/24/2015).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, page 611.

**Decision rationale:** No, the request for bilateral sacroiliac joint injections under fluoroscopy was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, page 300 notes that invasive techniques such as the injection in question are deemed of questionable merit. Here, thus, the attending provider failed to furnish a clear or compelling rationale for pursuit of 2 different types of injections, namely sacroiliac joint injections and trigger point injections, in the face of the tepid-to-unfavorable ACOEM position on invasive techniques as a whole. The Third Edition ACOEM Guidelines Low Back Disorders Chapter further notes on page 611 that sacroiliac joint injections are not recommended in the treatment of radicular low back pain, as was present here on or around the date in question but, rather, should be reserved for applicants with some rheumatologically-proven spondyloarthropathy implicating the sacroiliac (SI) joints. Here, however, there was no mention of the applicant's carrying a diagnosis of rheumatologically-proven spondyloarthropathy implicating the SI joints. Rather, all evidence on file pointed to the applicant's having residual radicular pain complaints status post earlier failed lumbar spine surgery. Therefore, the request was not medically necessary.

#### **Trigger point injection under ultrasound guidance, quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** Similarly, the request for trigger point injections was likewise not medically necessary, medically appropriate, or indicated here. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines notes that trigger point injections are not recommended in the treatment of radicular pain, but, rather, are recommended for applicants with myofascial pain complaints, with limited lasting value. Here, however, an August 20, 2015 office visit was notable for commentary to the effect that the applicant had ongoing complaints of low back pain

radiating into the left leg with associated lower extremity dysesthesias present at that point in time status post earlier lumbar spine surgery. The evidence on file, thus, pointed to the applicant's carrying an active primary operating diagnosis of lumbar radiculopathy on or around the date in question, arguing against the need for the trigger point injections at issue. Therefore, the request was not medically necessary.