

<b>Case Number:</b>	CM15-0218285		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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, 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:

This is a 60 year old female patient with a date of injury on 11-14-2014. The diagnoses include left sacroiliitis, lumbar degenerative disc disease and lumbar disc herniation, and depression. Per the physician progress note dated 10/9/15, she had back and knee pain and emotional strain. Per the physician progress note dated 09-22-2015, she is tearful due to ongoing pain. She has pain in her knee and spasms in her back that radiate to her hip. Per a physician note dated 10-02-2015, she denies much improvement with the medial branch blocks. She received only 30-50% relief of the left lower back pain the day of the injections. She still has 10 out of 10 pain in the left lower back around the S1 joint area. She isn't getting relief from NSAIDs. She is depressed and frustrated with the pain. She has anxiety and depression. Physical exam revealed intact sensation in L1-S1 dermatomes to light touch and positive FABER test on the left. Current medications include Cymbalta, Promethium and Wellbutrin. She has allergies to Ibuprofen and Diflucan. She had an unofficial Magnetic Resonance Imaging of the lumbar spine done on 01-28-2015 which revealed multilevel degenerative changes most pronounced at L2-3 with right posterior disc extrusion at L2-3 that abuts the descending L3 nerve root in the right lateral recess but no definite source identified for the injured workers reported left sided lower back pain, posterior annulus tear noted at L2-3 and L4-5; an unofficial study of lumbar extension and flexion done on 02-16-2015 which revealed degenerative disc disease at L2-3 as evidenced by subchondral sclerosis, osteophytosis, and facet arthropathy, a right sided protrusion at this level, spondylolisthesis of the lumbar spine at L4-5 with displacement of 2.7mm in extension and 5.5mm at forward flexion. She is working part time. Her surgical history includes bilateral knee surgeries, right foot surgery, tubal ligation and tonsillectomy. Treatment to date has included diagnostic studies, medications, medial branch blocks, and home exercises. The Request for Authorization includes Left SI joint injection, and Cymbalta 20mg #30. On 10-12-2015 Utilization Review non-certified the request for Left SI joint injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI joint injection:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 09/24/15), Sacroiliac joint blocks, Sacroiliac injections, diagnostic, Sacroiliac injections, therapeutic.

**Decision rationale:** Left SI joint injection. Per the ODG, sacroiliac joint injection diagnostic is "Not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). 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). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion." In addition, per the cited guidelines regarding Sacroiliac injections, therapeutic, "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." There is no high-grade scientific evidence to support the sacroiliac joint injection for this diagnosis. Evidence of inflammatory spondyloarthropathy is not specified in the records provided. Failure to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of Left SI joint injection is not medically necessary for this patient at this time.