

<b>Case Number:</b>	CM15-0030574		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Internal 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 injured worker is a 50 year old male, who sustained an industrial injury on 06/09/2011. On provider visit dated 02/09/2015 the injured worker has reported recurrent right low back pain over the right sacroiliac joint and continued neck and shoulder pain. The diagnoses have included spondylolisthesis at L4-L5 with an annular tear, lumbar spine fusion and left sacroilitis, and sacroiliac joint pain and right sacroiliac joint pain. Treatment to date has included MRI. On examination sacroiliac joints were noted to be tender upon palpation. On 02/18/2015 Utilization Review non-certified Right Sacroiliac Joint Injection with fluoroscopy. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sacroiliac Joint Injection with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, updated 10/09/14: SI Joint Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks. ACOEM 3rd Edition Low back disorders <http://www.guideline.gov/content.aspx?id=38438>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections, trigger-point injections, and ligamentous injections are not recommended. ACOEM 3rd Edition (2011) states that sacroiliac joint injections for chronic low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease) is not recommended. Official Disability Guidelines (ODG) indicates that sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories). A systematic review commissioned by the American Pain Society (APS) and conducted at the Oregon Evidence-Based Practice Center states that there is insufficient evidence to evaluate validity or utility of diagnostic sacroiliac joint block, and that there is insufficient evidence to adequately evaluate benefits of sacroiliac joint steroid injection. ODG criteria for the use of sacroiliac blocks requires that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The orthopedic progress report dated 2/9/15 requested right sacroiliac joint injection. No recent physical therapy specifically for the right sacroiliac joint complaints was documented. Conservative therapy for the right sacroiliac joint complaints was not documented in the 2/9/15 progress report. ACOEM and ODG guidelines do not support the request for a right SI sacroiliac joint injection. Therefore, the request for right SI sacroiliac joint injection is not medically necessary.