

<b>Case Number:</b>	CM15-0031396		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 51 year old male who sustained an industrial injury on 3/11/03. Currently he complains of low back pain. Medications are Zanaflex, Flector, Doxepin, Gralise and Norco. Laboratory evaluations were consistent with prescribed medications. Diagnoses include low back pain and sacroiliac pain. Treatments to date include medications that reduce muscle spasms by 30% trigger point injection (1/30/15) offering 1 week of excellent pain relief, physical therapy, ice and rest. In the progress note dated 1/23/15, the treating provider is requesting right sacroiliac joint injection to address the injured workers pain. The injured worker reports greater than 75% pain relief with previous injection. Also the provider indicates previous physical therapy but with continued pain flare ups that are not well managed with conservative measures. The treating provider indicates that with repeat sacroiliac joint injection the injured worker will have reduced pain, improved function and decrease in opiates. On 2/12/15 Utilization Review non-certified the request for 1 repeat sacroiliac joint injection citing ODG: Low Back: Lumbar & Thoracic (Acute & Chronic).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 repeat 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, Low back-lumbar and thoracic (Acute and chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pelvic/hip chapter, SI joint injection.

**Decision rationale:** This patient presents with chronic low back pain with restricted ROM, muscle spasms, tenderness and tight muscle band and trigger points. It was noted that "a twitch response was obtained along the radiating pain on palpation on both the sides." The patient has positive Gaenslen's, Faber and Fortin's finger test. There is no Request for Authorization (RFA) in the medical file provided for review. The current request is for 1 REPEAT SI JOINT INJECTION. The ODG Guidelines has the following regarding SI joint injection under its pelvic/hip chapter: SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG further states, "Criteria for the use of sacroiliac block: 1. The history and physical should suggest a diagnosis with documentation of at least 3 positive exam findings." According to progress report dated 1/30/15, the patient reported significant relief >75% with previous injection and was able to stand and sit for longer intervals. The patient is status post right SI injection on 3/26/13, left SI joint injection on 6/4/13 and repeat right injection on 10/22/13. Progress reports following the 2013 injections were not provided for review. The Utilization review states that following the 10/22/13 injection, the patient reported on 11/27/13 that his pain had increased and his activity level had decreased. Regarding repeat sacroiliac joint injections, ODG guidelines states "the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks." Given that the 10/22/13 injection did not produce pain relief for 6 or more weeks, the requested repeat injection IS NOT medically necessary.