

<b>Case Number:</b>	CM15-0033707		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 58 year old female, who sustained an industrial injury reported on 11/13/2012. She reported significant pain related to her sacroiliac joints. The diagnoses were noted to include bilateral sacroiliitis pain; lumbar intervertebral lumbar disc with radiculopathy; and status-post bilateral lumbosacral transforaminal lumbar interbody fusion (6/9/14). Treatments to date have included consultations; diagnostic imaging studies; back surgery and revision surgery; 53 physical therapy sessions before August 2014, approved for physical therapy for the right wrist fracture on 9/9/14, and for the lumbar on 8/14/14, and receiving 17 physical therapy sessions from 8/20/2014 - 9/26/2014; transcutaneous electrical stimulation unit; and medication management. The work status classification for this injured worker (IW) was not noted. On 2/4/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/29/2015, for 2 sacroiliac joint injections with computed tomography scan for needle biopsy. The Official Disability Guidelines, criteria for the use of sacroiliac blocks, hip and pelvis sacroiliac joint blocks, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint injection x 2 with CT scan for needle biopsy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria for the use of sacroiliac blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter under SI joint injections.

**Decision rationale:** The patient presents with pain related to her sacroiliac joints rated at 6/10. The request is for SACROILIAC JOINT INJECTION X2 WITH CT SCAN FOR NEEDLE BIOPSY. The request for authorization is dated 01/29/15. The patient is status-post bilateral L4-S1 transforaminal lumbar interbody fusion 06/09/14. MRI of the lumbar spine 08//19/14 shows bilateral facet arthropathy from L1-L2 through L5-S1. The patient does have improvement of her preoperative leg pain. She has undergone a course of physical therapy with treatment dedicated to the sacroiliac joints, but still has significant sacroiliac joint pain and the therapy itself actually aggravates her sacroiliitis. She has been applying copious amounts of ice to her sacroiliac joints as well as using a home TENs unit. The patient finds it difficult to ambulate due to her sacroiliac joint pain. Positive straight leg raise bilaterally. The patient's medications include Norco, Percocet, Votaren gel and Lidocaine patch. Work status is not provided. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: 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) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Treater does not provide reason for the request. Per progress report dated 01/13/15, physical examination of the lumbosacral spine revealed "severe tenderness to palpation of the bilatererac sacroiliac joints." However, there is no documentation of at least three positive examination findings, as required by ODG guidelines. Furthermore, the request is for two injections and "needle biopsy." Multiple injections are not supported by the guidelines and there is no rationale provided for needle biopsy. Therefore, the request IS NOT medically necessary.