

<b>Case Number:</b>	CM15-0034124		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Arizona

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 67-year-old female who reported an injury on 04/20/2000. The mechanism of injury unspecified. Her diagnoses include multilevel degenerative disc disease, discogenic disease, spondylosis of the lumbar spine, and status post combined anterior plus posterior decompression and fusion at L3-S1 with hardware removal associated with bilateral lower extremities radiculitis and SI joint dysfunction. Her past treatments were noted to include surgery, medications, and cane. On 01/26/2015, the injured worker presented for a follow-up regarding her low back and bilateral leg symptoms. The injured worker reported constant severe low back pain that radiated to her mid back, shoulder blades, buttocks, and down her bilateral legs to her feet with associated numbness. The physical examination of the lumbar spine revealed range of motion with flexion to 75 degrees, extension at 5 degrees, rotation at 30 degrees, and lateral bending at 10 degrees. There was also noted mild tenderness over the surgical scar near the lumbosacral junction towards the thoracolumbar junction in the midline at the upper lumbar levels. There was also noted mild tenderness in the paraspinal muscles, mainly adjacent to the sacroiliac joints with moderate to severe tenderness in the same location produced by all movements. The treatment plan included lumbar spine fusion versus sacroiliac joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral sacroiliac joint injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Sacroiliac joint injections (SJI).

**Decision rationale:** According to the Official Disability Guidelines, sacroiliac joint injections may be indicated as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy. Furthermore, there should be documentation of at least 3 positive exam findings upon history and physical examination suggesting the diagnoses along with a diagnostic evaluation addressing any other possible pain generators. The injured worker was indicated to have pain over the sacroiliac joint. However, there was lack of documentation indicating the injured worker had failed at least 4 to 6 weeks of aggressive conservative therapy to include physical therapy, home exercise, and medication management. There was also lack of documentation of a diagnostic evaluation addressing any other possible pain generators. Furthermore, there was lack of documentation in regard to physical and history suggesting the diagnoses with documentation of at least 3 positive examination findings. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for bilateral sacroiliac joint injection is not medically necessary.