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| <b>Case Number:</b>   | CM15-0044631 |                              |            |
| <b>Date Assigned:</b> | 03/17/2015   | <b>Date of Injury:</b>       | 03/13/1998 |
| <b>Decision Date:</b> | 04/22/2015   | <b>UR Denial Date:</b>       | 03/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/10/2015 |

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 68 year old female with an industrial injury dated March 13, 1998. The injured worker diagnoses include T8 burst fracture; T7 burst fracture, T12 compression fracture, status post lumbar fusion, degenerative disc diseases of the lumbar spine with radiculopathy, left knee internal derangement, right lumbar radiculopathy and right sacroiliitis. Treatment to date has included diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 02/04/2015, the injured worker currently complains of neck, mid back and low back pain. Objective findings revealed severely antalgic gait, tenderness over the right sacroiliac (SI) joint, positive right one leg stork, Ganenslen's and Faber's. The treating physician also noted tenderness to palpitation along the thoracic spine at T8 and T12 levels and diminished sensation on the right L3-L5 dermatomes. The treatment plan included right sacroiliac (SI) joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right S1 joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 611. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic).

**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 - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

**Decision rationale:** ACOEM Guidelines report that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain". ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended." Physical exam findings do not suggest that extension and rotation significantly exacerbate low back pain. Additionally, the treating physician does not document lumbar rigidity, level of pain relief as it pertains to conservative treatments. As such, the request for right S1 joint injection is not medically necessary.