

<b>Case Number:</b>	CM15-0083919		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 patient who sustained an industrial injury on 07/05/2013. A recent follow up visit dated 03/27/2015 reported the patient as 9 days post-operative right elbow repair. He is currently not working. The staples were removed from the benign site. The plan of care involved: continuing with home exercise program, and follow up in 2 weeks. A primary treating office visit dated 10/02/2014 reported the patient with subjective complaint of right elbow pain. He has been using a wrist splint, has had injections administered. He is diagnosed with symptomatic pain in elbow, and lateral epicondylitis. The pan of care involved: prescribing Celebrex with great instruction, wearing a splint and follow up. Of note, by 02/02/2015 the patient is expressing wishes to proceed with surgery. The patient is with subjective complaint of chronic right elbow pain. Objective findings showed the patient with full range of motion of the right elbow and some pain over the lateral epicondyle. The assessment noted: pain in elbow, lateral epicondylitis, and symptomatic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI joint injection with IV sedation and fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip and pelvis, criteria for the use of sacroiliac blocks, [www.ncbi.nlm.nih.gov/pubmed/24524866](http://www.ncbi.nlm.nih.gov/pubmed/24524866).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and is being treated for epicondylitis. He also has low back pain. When requested, there was right sacroiliac joint tenderness and positive Figure 4 testing. There was right piriformis tenderness. Imaging of the lumbar spine has shown facet arthropathy with right lateralization at L3/4. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the claimant has facet arthropathy. There are no documented treatments such as physical therapy or chiropractic care directed towards the sacroiliac joint. The requesting provider documents only one positive sacroiliac joint test by physical examination. Therefore, the above criteria are not met and the requested sacroiliac joint injection was not medically necessary.

**Piriformis trigger point injection with IV sedation and fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and is being treated for epicondylitis. He also has low back pain. When requested, there was right sacroiliac joint tenderness and positive Figure 4 testing. There was right piriformis tenderness. Imaging of the lumbar spine has shown facet arthropathy with right lateralization at L3/4. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore a trigger point injection was not medically necessary.