

<b>Case Number:</b>	CM13-0008989		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/18/2004
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year-old female sustained a low back injury on 9/18/04 while employed by [REDACTED]. Request under consideration include Bilateral SI joint injections. Diagnoses include lumbar post-laminectomy syndrome; sacroiliac pain; degeneration of lumbar/lumbosacral intervertebral discs; low back pain; and sciatic nerve lesions. She remains P&S. Report dated 6/17/13 from [REDACTED] noted continued complaints of lower back pain. Exam showed gait is normal; tenderness to palpation over lumbar paraspinal muscles and SI joint; decreased range of motion of lumbar spine; motor strength at lower extremities are intact; positive straight leg raise; and decreased sensation at left lateral leg. Medications include Celebrex and Lyrica. It was noted the patient had clinical deterioration as a consequence of not taking her usual medications. Record review indicated the patient last underwent bilateral SI joint injections on 9/10/12 with provided 50% pain relief, but unclear how long relief lasted. Request was non-certified on 8/5/13, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral SI joint injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**Decision rationale:** This 50 year-old female sustained a low back injury on 9/18/04 while employed by [REDACTED]. Request under consideration include Bilateral SI joint injections. Diagnoses include lumbar post-laminectomy syndrome; sacroiliac pain; degeneration of lumbar/lumbosacral interventional discs; low back pain; and sciatic nerve lesions. She remains P&S. Report dated 6/17/13 from [REDACTED] noted continued complaints of lower back pain. Exam showed gait is normal; tenderness to palpation over lumbar paralumbar extensors and SI joint; decreased range of motion of lumbar spine; motor strength at lower extremities are intact; positive straight leg raise; and decreased sensation at left lateral leg. Medications include Celebrex and Lyrica. It was noted the patient had clinical deterioration as a consequence of not taking her usual medications. Record review indicated the patient last underwent bilateral SI joint injections on 9/10/12 with provided 50% pain relief, but unclear how long relief lasted. ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the "diagnostic gold standard" as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). (Schwarzer, 1995) There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not met guidelines criteria especially when previous SI injections have not been documented to have provided any functional improvement for this 2004 injury. The Bilateral SI joint injections are not medically necessary and appropriate.