

<b>Case Number:</b>	CM14-0106634		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/04/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/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:

The injured worker is a 38-year-old male who reported an injury on 02/04/2008. The mechanism of injury was not specifically stated. Current diagnoses include failed low back surgery status post L4-S1 fusion, lumbar facet osteoarthritis, bilateral sacroilitis, myofascial pain syndrome, lumbar radiculopathy and lumbar degenerative disc disease. The injured worker was evaluated on 01/27/2014 with complaints of constant severe aching pain over the bilateral SI joints with radiation into the lower extremities. It is noted that the injured worker underwent an L4-S1 lumbar fusion in 04/2013. Previous conservative treatment also includes facet injections in 2011, steroid injections in 2010 and SI joint injections in 11/2013. The current medication regimen includes Lyrica, Ultram, baclofen, and Norco. Physical examination revealed tenderness to palpation over the bilateral SI joints and paraspinal musculature, severely positive bilateral Patrick's test, and limited lumbar range of motion with dysesthesia in the lower extremities. Treatment recommendations at that time included continuation of the current medication regimen, continuation of a home exercise program, and bilateral SI joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat injection to left SI joint- Lumbar Spine:** 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), Treatment Index, 12th Edition (web), 2014, Hip & Pelvis, SI joint block.

**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 Chapter, Sacroiliac Joint Block.

**Decision rationale:** The Official Disability Guidelines state prior to a sacroiliac joint block, the history and physical should suggest the diagnosis with documentation of at least three positive examination findings. There should be evidence of a failure of 4 to 6 weeks of aggressive conservative therapy. The suggested frequency for repeat blocks is 2 months or longer between in each injection, provided that at least greater than 70% pain relief is obtained for 6 weeks. As per the documentation submitted, the injured worker has been previously treated with SI joint injections. Although it is noted that the patient experienced greater than 70% reduction of pain for 2 weeks, the Official Disability Guidelines require a greater than 70% pain relief for 6 weeks following the initial injection. There is also no documentation of at least 3 positive examination findings. There is no indication that this injured worker has failed to respond to a recent course of aggressive conservative treatment. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary.