

<b>Case Number:</b>	CM14-0160353		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/23/1995
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Occupational Medicine 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 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 was injured on multiple occasions while playing professional football. SI joint injections are under review. On 01/21/14, he was evaluated for chronic low back and knee pain. He was weaning his Hydrocodone. On 01/23/14, he reported that he had discontinued the Hydrocodone the night before. He has been attending a pain management "refresher" program. He reportedly sustained multiple injuries during his 10 years playing football. He had multiple head injuries. He had injured his cervical spine and low back and is status post lumbar fusion. He has had problems with his mood and dysphoria. He has had low back pain down the right leg. There was a particular area in the right buttock where the pain went all the way to the foot. He also has reported constant numbness and tingling. His pain was worse with some activities and cold weather. He has had left knee surgery for meniscus tear. He has tried multiple medications. He has post-laminectomy syndrome. On 08/14/14, 3 sacroiliac joint injections were recommended due to post-laminectomy syndrome. He still had pain that was level 4-8/10 and was tingling and stabbing. He had back pain for 4 weeks that he thought might be due to increased exercise and he was having sharp pains at night from his knees to his feet. He was doing water aerobics. Physical examination revealed tenderness of the SI joint bilaterally. He had a steady gait. His pain was consistent with SI joint pain and injections were recommended. He was psychologically cleared for a spinal cord stimulator on 06/26/14. On 09/18/14, a dorsal column stimulator was recommended. The injections had not been approved by Worker's Compensation. He still had SI joint tenderness bilaterally but had a negative Patrick's test at that time. He had a steady gait and no focal neurologic deficits. He had tenderness. Formal physical therapy (PT) was recommended to help with his SI pain. Most of the provided notes are from neuropsychological evaluations and the pain management program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Sacroiliac joint injection x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter12, Low Back, Sacroiliac Injections

**Decision rationale:** The history and documentation do not objectively support the request for sacroiliac joint injections x 3. The MTUS do not specifically address SI joint injections and the Official Disability Guidelines (ODG) state these injections are "not recommended except as a last resort for chronic or severe sacroiliac joint pain." The injured worker has chronic pain with tenderness noted on exam. However, the most recent note dated 09/18/14, indicates he had a negative Patrick's test and a dorsal column stimulator was recommended. Physical Therapy (PT) for the SI joints was also recommended; however, it is not clear whether he attended PT for his sacroiliac joints and if he did what the results was. The ODG recommend SI joint injections only after an aggressive rehab program has failed to provide significant or sustained benefit. There is also no evidence that the injured worker has been involved in an ongoing exercise program that is to be continued in conjunction with injection therapy. There is no documentation that he has completed an aggressive program of rehab targeting the SI joint. Therefore, this request is not medically necessary.