

<b>Case Number:</b>	CM14-0171847		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/06/2007
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 is a 50-year-old male with an original industrial injury on April 6, 2007. The industrially related diagnoses include lumbar facet arthropathy, sacroiliac joint dysfunction, chronic low back pain, and a history of multiple lumbar surgeries. These surgeries have included anterior fusion in instrumentation at L4 through S1 and also microdiscectomy at L2-L3. The patient has also had a spinal cord stimulator implanted on May 14, 2014. The disputed issue is a request for a simultaneous sacroiliac joint injection and dorsal root injections of L5-S3. This was denied in a utilization review determination as it was not felt that these simultaneous injections were in accordance with the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sacro-iliac Joint Injection, Right sided dorsal root injections and L5, S1, S2, S3 under fluoroscopy and anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks

**Decision rationale:** In the case of this injured worker, it is not standard of care to perform a therapeutic joint injection concomitantly with a diagnostic injection to block the dorsal rami of L5 and the lateral branches of S-1 through S3. Because of a concomitant therapeutic joint injection, the diagnostic block to the multiple nerve root levels may not produce a desired positive response to local anesthetic. In the typical case of a positive diagnostic block, the patient should experience a brief period of relief followed by a return of pain. However, if a joint block is done simultaneously, it would be difficult to ascertain what portion is attributed to the diagnostic block versus the intra-articular block. Furthermore, the ODG does not recommend concurrent sacroiliac joint blocks with other types of injections. This request is not medically necessary.