

<b>Case Number:</b>	CM14-0182872		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old woman who sustained a work-related injury on October 13, 2008. Subsequently, she developed neck and low back pain. MRI of the cervical spine obtained on April 3, 2014 showed central disc herniation at C2-3 approximating the ventral aspect of the cord without compression. There was indication of indentation of the anterior aspect of the spinal cord by the 3-4 mm disc protrusion at C2-3. The injured worker underwent an anterior cervical decompression and fusion on April 26, 2012. According to the note of September 24, 2014, the injured worker reported ongoing neck pain. She has been having more headaches, which were usually left sided. Her low back pain ranges 5-9/10 in severity. She has lately been taking more Vicodin for back and leg pain and for increased pain in her arms and hands. She is also taking Tramadol ER, Cyclobenzaprine, Tizanidine, Zolpidem, and Topamax. The previous anesthetic block to the left S1 joint helped her back pain for several hours. Examination of the cervical spine revealed the range of motion was reduced in all ranges. There was tenderness to palpation over bilateral paracervical and upper trapezii, more on the left side. There was significant myospasm of the left upper trapezius. There were several trigger points in the left paracervical and suboccipital muscles with a twitch sign. Examination of the lumbar spine revealed flexion was 80 degrees and relieved her back pain. Extension was 5 degrees and increased her back pain. There was tenderness to palpation in the midline at L4-S1. There was more pronounced tenderness to palpation over both sacroiliac joints, more on the left side. Straight leg raise testing was equivocal on the right side and negative on the left side. Neurologic examination revealed hypesthesia over the right hand in the ulnar distribution. Sensation was reduced over the posterolateral aspect of the right leg into the foot. Ankle dorsiflexion was 4-/5 on the right and 4/5 on the left. Resisted knee extension was weak bilaterally at 3/5 on the right and 4-/5 on the left. Deep tendon reflexes were 3+/-2 over left and 3-/2 over the right knees. The injured worker's

diagnoses included: right knee fracture and internal derangement; cervical disc disease with radiculopathy and cord compression at D5-6 level per MRI study, finding of left C7 radiculopathy per EMG study of February 6, 2012; cervical disc protrusion at C2-3 with indentation of the cord, chronic low back pain with disc protrusion at L4-5 and lower extremity radicular complaints; bilateral sacroiliac sprain; cervicogenic headaches. The provider requested authorization for Bilateral Sacroiliac Joint Injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral Sacroiliac Joint Injections: 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 Chapter.

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

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the injured worker file, that the injured worker fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the injured worker failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for Bilateral Sacroiliac Joint Injections is not medically necessary.