

<b>Case Number:</b>	CM14-0143210		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/10/2008
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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, has a subspecialty in medical toxicology and is licensed to practice in West Virginia. 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:

This individual is a 58 year old male who sustained an industrially related injury on September 10th, 2008 involving his low back and neck. He has ongoing complaints of primarily midline low-back pain with lower extremity radicular pain as well as lower body weakness. He also has complaints of neck pain with intermittent headache. The latest available physical examination (7/11/14) provided in the record details; reduced cervical range of motion (50%) decreased grip strength and a positive Spurling's sign. It also notes limited lumbar range of motion secondary to pain, tenderness on bilateral SI joints and bilaterally positive straight leg raise test with decreased sensation along the L3 dermatome. This examination does not note subjective pain levels, strength testing or deep tendon reflexes. An earlier examination (5/8/14) does note that there was normal lower body strength and intact deep tendon reflexes. He is status post spinal fusion (2009) from LR to S1. This request is for bilateral SI joint blocks for pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral SI joint block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Hip & Pelvis (Acute & Chronic) sacroiliac blocks. Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

**Decision rationale:** ACOEM Guidelines report that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG recommends as an option if failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis often difficult to make due to the presence of other low back pathology. ODG also notes the following criteria; 1. The history and physical should suggest the diagnosis (with at least three consistent physical findings) 2. Diagnostic evaluation must first address other possible pain generators 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management While the treating physician notes some possible examination findings consistent with SI dysfunction, there is no reference regarding the addressing of other pain generators or failure of multiple weeks of conservative therapies. As such, the request for Bilateral Sacroiliac Joint Injections is deemed not medically necessary.