

<b>Case Number:</b>	CM14-0211269		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 patient is a 60 year old employee with date of injury of 5/6/09. Medical records indicate the patient is undergoing treatment for status-post SCS implant (5/2013); SCS battery relocation surgery (9/2014) and SCS surgical implant with battery relocation (5/2014). Diagnoses include: lumbar/lumbosacral disc degeneration, right sacroilitis-NEC, post laminectomy syndrome-lumbar, lumbar radiculitis and spondylosis without myelopathy. Subjective complaints include localized pain over the SI joint. Her sleep is fair quality. The pain is described as throbbing, numbing, burning and stabbing in nature. Her pain level is 8/10 and is made worse by lying down. Medications include Protonix, Fentanyl, Prozac, Phenergan, Advair, Norco, Skelaxin, Gabapentin, Celebrex, Aciphex, Prednisone, Aller-Tec, Xanax and Venlafaxine. Objective findings include ambulates with an analgic gait, tenderness in the sacroiliac joint and the paraspinous muscle tone is normal. Her bilateral patella and Achilles reflexes were 2/4. She had right sided hip pain with forced flexion and internal rotation, right hip internal rotation was to 20 degrees and the left was 45 degrees. Faber's test on the right was positive. Treatment has consisted of epidural steroid injection (11/2012); physical therapy. The utilization review determination was rendered on 12/16/14 recommending non-certification of Bilateral SI joint injection QTY: 1.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral SI joint injection QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic; 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 and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended." Physical exam findings do not suggest that extension and rotation significantly exacerbate low back pain. Additionally, the treating physician does not document lumbar rigidity or level of pain relief as it pertains to conservative treatments. As such, the request Bilateral Sacroiliac Joint Injection is not medically necessary.