

<b>Case Number:</b>	CM14-0211279		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/02/2014
<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 is a 70 year old patient with date of injury of 08/24/2009. Medical records indicate the patient is undergoing treatment for Chronic Pain Syndrome, Dysthymic Disorder, Lumbar Spondylosis and Lumbar Degenerative Disc Disease, muscle pain, numbness, low back pain. Subjective complaints include stabbing and burning pain in the low back and legs (R>L), increased pain with prolonged activity, bending and lifting. Rates pain as a 7/10 without medications. Objective findings include slowed gait; 5/5 bilaterally; sensation is intact and equal; sciatic notches are pain free to palpation; moderate tenderness to palpation at sacroiliac joints bilaterally; Patrick's, as well as, Gaellen's signs are positive to the right; tenderness over the paraspinals; increased pain with extension; right side straight leg raise is positive. Treatment has consisted of sacroiliac injection on 07/29/2014, lumbar epidural steroid injections, ice/heat; Gabapentin, Flexeril and Naproxen. The utilization review determination was rendered on 12/02/2014 recommending non-certification of Bilateral Sacroiliac Steroid Joint Injection w/ Fluoroscopy, conscious sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Sacroiliac Steroid Joint Injection w/ Fluoroscopy, conscious sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks

**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 (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 participation in conservative therapy including physical therapy after the previous SI injection along with the level of pain relief as it pertains to conservative treatments. As such, the request for Bilateral Sacroiliac Steroid Joint Injection w/ Fluoroscopy, conscious sedation is not medically necessary.