

<b>Case Number:</b>	CM14-0216313		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	04/30/1998
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 71-year-old female worker with a work related injury dated April 30, 1998. The physician's visit dated November 6, 2014 reflected the worker was complaining of low back pain that was exaggerated while standing on uneven surfaces or standing up from a sitting position without the aid or help of the upper torso. Pain was rated a nine on a scale of ten most of the time. There was also pain over the bilateral buttocks radiating to posterior and lateral aspects to bilateral thighs with numbness and tingling progressively increasing in severity. The worker had a 50 percent improvement after the first bilateral sacroiliac joint injection. The improvement was reflected in an increase range of motion with better functionality. The utilization review decision dated December 1, 2014 did not certify the request for a second bilateral SI joint injection. Physical exam was remarkable for weakness along with tingling and numbness in the right leg with worsening and progressive severity of symptoms while climbing stairs, long walks, daily activities and performing home exercise program. Diagnoses at this visit included lumbar musculoligamentous injury, lumbar paraspinal muscle spasms, lumbar disc herniation, and lumbar radiculitis/radiculopathy of the lower extremities and sacroiliitis of the right sacroiliac joint. The rationale for non-coverage was based on the ODG Treatment Index, Hip and Pelvis, S1 joint blocks. These guidelines reflect that criteria for the use of sacroiliac block includes the failures of at least four to six weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. If steroids are injected during the initial injection the duration of pain relief should be at least six weeks with at least a 70 percent pain relief. The suggested frequency for repeat blocks is two months or longer between each injection

and provides a 70 percent pain relief for six weeks. Based on the documentation reviewed the patient received a 50 percent pain relief with the previous injection. There is a lack of documentation showing that the patient received at least a 70 percent pain relief for at least six months. Additionally the date of the last injection was not supplied for the review. The request was therefore non-certified as not medically necessary.

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

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

**Bilateral Sacroiliac (SI) joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chou R, et al. Subacute and Chronic low back pain: Nonsurgical interventional treatment. Topic 7768, version 18.0. UpToDate, accessed 02/23/2015

**Decision rationale:** The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation concluded the worker was suffering from lumbar musculoligamentous injury with muscle spasm, a bulging lower back disk with radiculopathy, right sacroiliitis, and right knee pain. There is very limited quality research available to support this treatment in this setting, and there was no discussion that sufficiently supported its use. In the absence of such evidence, the current request for injections of medications into both sacroiliac joints is not medically necessary.