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| <b>Case Number:</b>   | CM14-0218051 |                              |            |
| <b>Date Assigned:</b> | 01/07/2015   | <b>Date of Injury:</b>       | 03/25/2011 |
| <b>Decision Date:</b> | 03/03/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2014 |

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female who suffered an industrial related injury on 3/25/11 after a slip and fall accident. A physician's report dated 10/9/14 noted the injured worker had complaints of pain, numbness, tingling, and weakness in bilateral hands. Diagnoses included a history of left carpal and pronator tunnel decompressions on 10/22/13 and persistent bilateral median neuropathy at the carpal tunnels. A physician's report dated 11/18/14 noted the injured worker had complaints of neck pain with radiating symptoms in the bilateral upper extremities and low back pain. The injured worker was status post epidural steroid injections x2 to the cervical spine with good pain relief. The injured worker had finished physical therapy treatment and was receiving acupuncture treatments. Physical examination findings included cervical spine flexion and extension at 40 degrees. Rotation was noted to be 60 degrees to the right and 40 degrees to the left. Bending was noted to be 25 degrees bilaterally. A positive foraminal compression test and Spurling's tests were noted. Diagnoses included cervical disc herniation with radiculitis/radiculopathy, lumbar spine strain/sprain, disc degeneration at L3-4 and L5-S1 levels, L5 and S1 radiculopathy greater on the right, bilateral shoulder impingement, and bilateral carpal tunnel syndrome. The physician recommended a third lumbar epidural steroid-based injection to reduce pain and inflammation, restore range of motion and thereby facilitate a more active treatment program. On 12/3/14 the utilization review (UR) physician modified the request for bilateral SI joint injections under fluoroscopy. The UR physician noted partial certification of right SI joint injection was appropriate based on primarily right sided finding for SI joint dysfunction on examination and lack of response to extensive conservative therapy.

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

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

**Bilateral SI joint injections under fluoroscopy:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis; Sacroiliac Blocks

**Decision rationale:** MTUS Guidelines do not address the requested procedure in adequate detail. ODG Guidelines address this request and the request meets Guideline criteria for bilateral injections. Although symptoms are more intense on one side, the Guidelines do not state that only one side should be injected if the exam findings are consistent with SI joint dysfunction in both joints. The request for Bilateral SI joint injections under fluoroscopy is consistent with Guidelines and is medically necessary.